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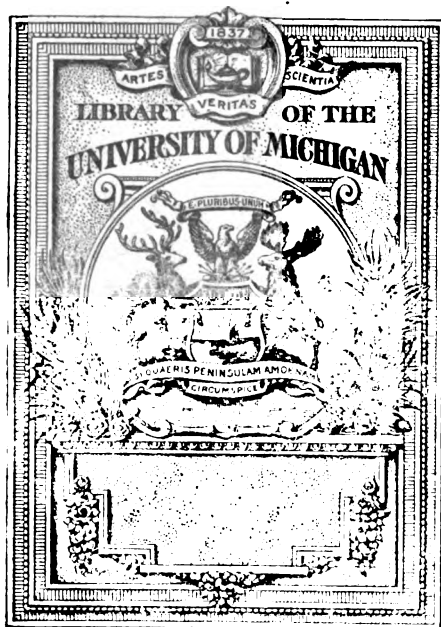
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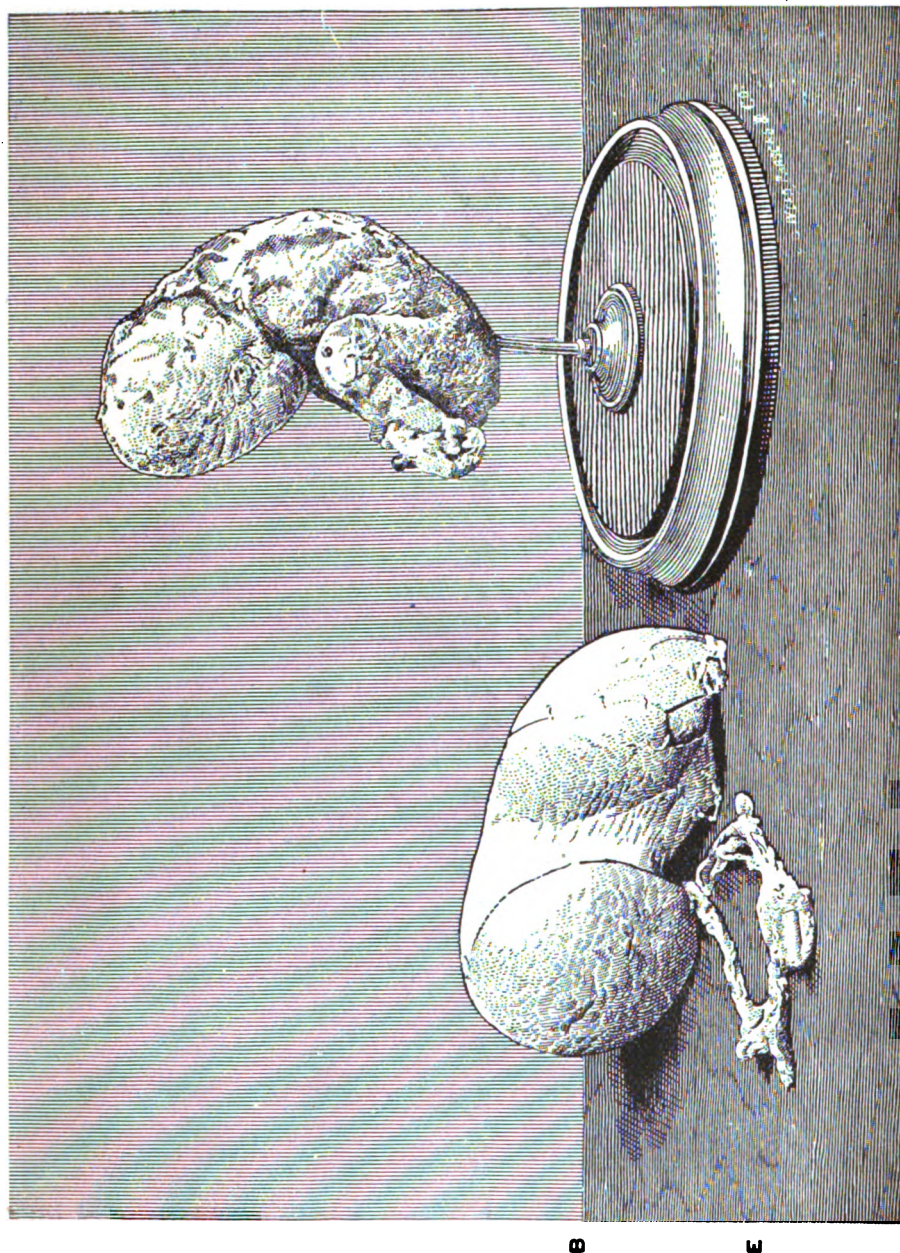
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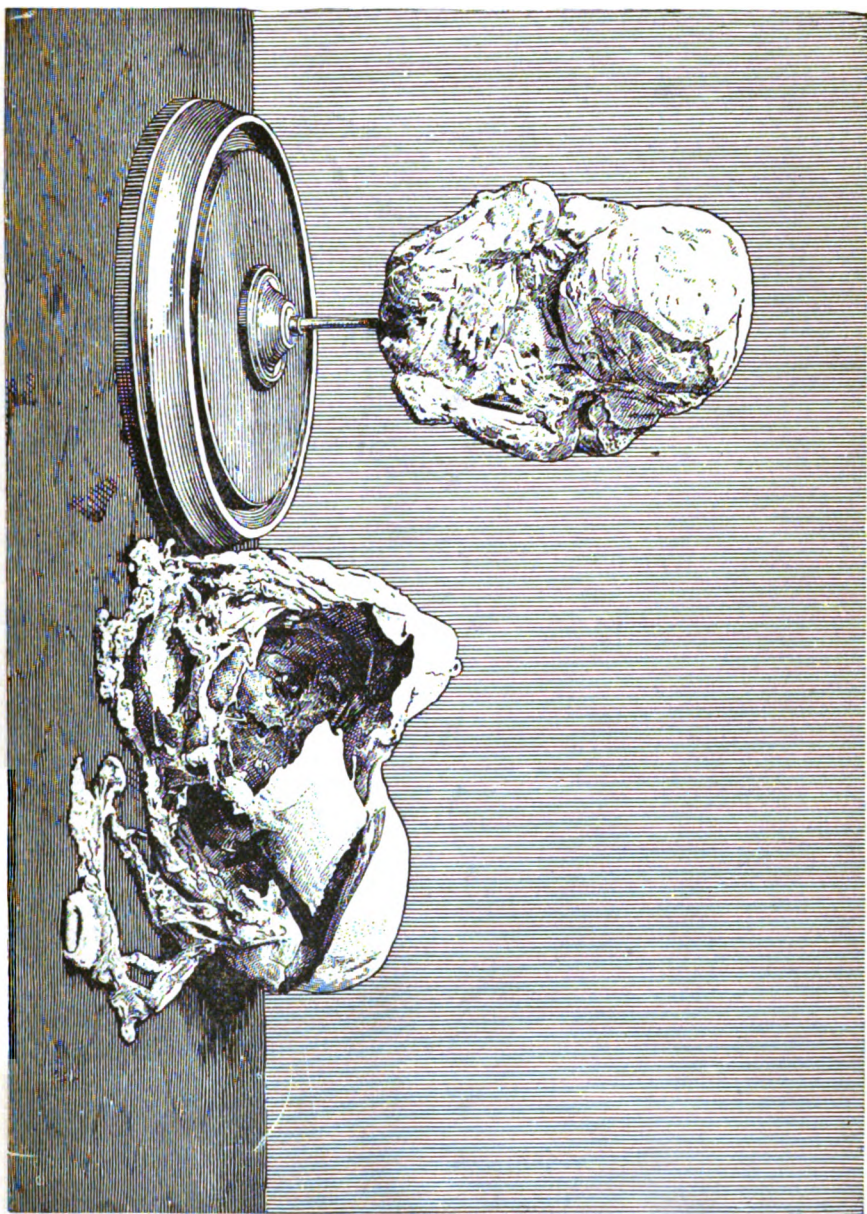
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**EXTRA-UTERINE PREGNANCY** (see page 19).—To the right is to be noticed **(A)** Lithopedion, transfixed upon brass rod, coming from round wooden stand; side view. To the left **(B)** is seen the sac, made up entirely of inflammatory lymph, which contained lithopedion, while in the foreground lie **(C)** the atrophied uterus, with **(D)** Fallopian tubes and **(E)** ovaries, intact, connecting with sac by old inflammatory adhesions. The tubes show no point of rupture anywhere.





EXTRA-UTERINE PREGNANCY (see page 19).—To the left (A), front view of Lithopedion is shown. To the right (B), view of interior of inflammatory sac, showing vastly thickened walls of lymph, while in the foreground are to be seen (F) the uterus, (E, G) tubes, and (D, H) ovaries, connected as described in plate on opposite page.





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## CRIMINAL ABORTION BY INFLATION OF THE UTERUS WITH AIR.\*

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COLLEGE.

On the 19th of November last I was consulted by the district attorney of Rensselaer county with reference to giving expert evidence in a case to be tried before the Supreme Court in which the prisoner was indicted for manslaughter in the first degree. At the trial, which came off a few days later, the following facts were sworn to:

The attending physician, Dr. C., swore that on the night of the 18th of June, at about 11 o'clock, the prisoner came to his office and told him that a woman with whom he had been living, and who was three months pregnant, had, a few minutes previously, introduced into her uterus a rubber catheter into which he had then blown air; that the woman uttered an exclamation of pain and fell over unconscious, and it was for this that Dr. C.'s services were required. The doctor went at once to her bedside, and found the patient unconscious and pulseless, the heart-beat very faint and irregular, the forehead and extremities covered with a cold perspiration, and the respiration weak and sighing. Her condition grew steadily worse until she expired half an hour later.

The two coroner's physicians who made the autopsy agreed substantially as to the facts; they stated that there were no external evidences of violence upon the body; rigor mortis was well marked. At no point, either on the surface or in the interior, was there any evidence of chemical

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\* Read before the Medical Society of the County of Albany, December 19, 1888.

decomposition. On opening the thorax, the cavities on the right side of the heart were found empty, containing no frothy blood, and the left side of the heart was also empty. The lungs were everywhere congested, but nothing else abnormal was discovered in the chest. The uterus contained a foetus nearly four inches in length, when extended, and presumably at about the eleventh week of utero-gestation. The uterus was distended with air, the volume of air being about equal to that of the foetus and its envelope. The ovum was intact, the placenta not yet well formed, its adhesion to the wall entirely intact. On opening the uterus, air escaped, and two or three ecchymotic spots the size of a silver ten-cent piece or quarter of a dollar were observed, but at no point was the mucous membrane of the uterus lacerated. All the other abdominal organs were in a condition of health. The brain was not examined.

The hypothetical question was put to me, embracing very fairly the points above given, and I was asked what, in my opinion, was the cause of death. My reply was, assuming all the above facts, that I believed the woman died from shock, the result of the introduction into the uterus of the catheter and the subsequent sudden, forcible dilatation of that organ with air.

The medical gentleman who was examined for the defense, though it was difficult to see how his evidence tended to help the prisoner at the bar, swore that it was his belief that the woman died of air-embolism, the air obtaining admission to the venous circulation through the uterine sinuses.

There are cases recorded in which sudden death from air-embolism after confinement has occurred, and in the attempt to procure criminal abortion; but in each of these, so far as I have been able to ascertain, there have been post-mortem evidences that the placenta had been detached from the uterine wall and the uterine sinuses thereby opened for the admission of air. In this case it was sworn to positively that there was no detachment of what little placenta there was, and no laceration of the mucous membrane lining the uterus. The expert for the defense was asked whether at this stage of utero-gestation the mouths of the uterine sinuses were not closed and covered over by some membrane, to which he replied that they were not.

In considering this matter calmly and deliberately, I must confess my inability to see how it was possible, under all the circumstances sworn to, for air to have entered the venous circulation. In the first place, the uterine sinuses, at the third month of utero-gestation, are certainly not

open for the admission of air blown into the space between the oval envelopes and the inner wall of the uterus, unless the placenta in process of formation at this period is forcibly torn from its attachments, and it was sworn to that this was not the case. Moreover, in every autopsy that I have been able to find recorded, the right side of the heart was filled with frothy blood mixed with air; moreover, the lungs were pale, the pulmonary arteries filled with air; the vena cava, and even the veins necessarily opened in making the usual abdominal incision, were also found to contain air, and little else. It was distinctly sworn to in the evidence that this condition of things did not exist.

In support of what I have said concerning the autopsical appearances, I would refer to an article entitled "On Sudden Death by the Entrance of Air into the Uterine Veins,"\* by F. W. Draper, M.D., Boston. In this paper, Dr. Draper relates a case of a woman twenty three years of age who was found dead in her bed in a house of ill-repute. The autopsy, made twenty-three hours after the assumed time of death, showed no indication of violence used or of pain suffered. The cadaveric rigidity was well developed and an unusual amount of lividity about the face, neck and dependent parts, and there was no evidence, either externally or internally, of chemical decomposition.

The usual primary incision over the sternum revealed a clew to the whole case; out of the cut vessels there issued, instead of the expected drop of blood, a collection of minute bloody bubbles. When the pericardium was exposed by raising the sternum, it was unmistakable that the visible area of that sac in the anterior mediastium was largely increased and bulging. The right cavities of the heart were distended, and gave to the fingers on palpation and percussion a distinct sensation of gaseous, instead of fluid, contents. A small puncture through the anterior wall of the right ventricle confirmed this impression; at first a jet of odorless air escaped, followed presently by bloody bubbles, the distended right side of the heart meanwhile becoming flaccid. The left ventricle was contracted and empty. The structure of the heart was healthy.

The blood was dark and fluid; no clots were found in any part.

The inferior vena cava was distended with air throughout its extent, its thin walls rendering its inflated condition plainly visible.

The lungs were moderately reddened throughout their

\* Boston Medical and Surgical Journal, vol. cviii. for 1883, pp. 3 and 23.

anterior portions, their posterior and inferior, or dependent, parts showing considerable hypostatic engorgement, probably post-mortem. Both lungs were crepitant in every part.

The kidneys weighed, the right six and a half ounces, the left seven ounces. They were injected; in other respects they were healthy in their gross appearances. The spleen was enlarged and engorged. The stomach and intestines showed nothing abnormal. The liver was normal in color, volume, weight and consistency; bloody bubbles escaped freely from its divided vessels.

The pelvic organs presented the following appearances: The womb was enlarged to three times its unimpregnated volume. The veins of the uterine plexus and the iliac veins, especially those on the left side, were seen and felt to be filled mainly with air. The uterine cavity itself gave to the fingers applied externally the sensation of a layer of air outside more solid contents. There was no sign of violence about the external genitals or the vagina. The os uteri admitted the tip of the little finger part way through the cervical canal. Just within the external os the mucous membrane was reddened over an annular area two or three lines wide. When the section which exposed the cervical canal was extended along the front of the body of the uterus, the first cut through the uterine wall gave vent to a distinct puff of imprisoned air. Within the uterus was an ovum of about three months' growth, enveloped in its unbroken membranes. The long diameter of the embryonic sac was two and a half inches. The shaggy coat of the chorion was still present, and displayed its typical appearances. The tufts of the chorion were very loosely adherent to the decidua, and the slightest force sufficed to separate the two surfaces. The immature placenta, of the size of a silver half dollar, occupied a site at the upper and posterior part of the fundus; light pressure upon it gave the characteristic sign of air between it and the uterine tissue.

The color of the uterus and its contents was normal, except that at the lowest part of the ovum; just above the internal os and in immediate relation with that orifice there was an ecchymosed patch or streak, half an inch long and one-eighth of an inch wide; at the right and most discolored end of the bruise there was a rent in the decidua, admitting freely, not to the cavity of the amnion, which was still entire, but to the space between the decidua and the chorion, and thus directly to the placental attachment. This rent could not be accurately measured, but its estimated dimensions were one inch in one direction and a half an inch in

another at right angles. It was evident that some instrument like a catheter had slipped upon the embryonic envelopes, making a bruise, and, instead of rupturing those membranes and setting free the liquor amnii, had glanced aside and torn up the decidual layers. Although no distinct separation of the placenta from the adjacent surface was demonstrated, it was seen that the uterine wall at the placental site was much redder than elsewhere. The cut surface of the uterus displayed many open orifices of divided sinuses.

Except moderate injection of the meningeal vessels and the presence of air-bubbles in the veins emptying into the great longitudinal sinus (which latter appearance might be accounted for in some way other than by passage of air through the circulation), the brain and its membranes presented nothing abnormal.

In a second case related by Dr. Draper, the patient was between seven and eight months pregnant, and in that case, also, primary incision set free bloody bubbles. The right cavities of the heart were fully distended; bloody bubbles exuded on the opening of the right auricle and ventricle; the superficial veins of the heart contained interrupted columns of air and blood, and there were the usual evidences of air in the venous circulation, which are lacking in the sworn evidence in the case under consideration. An examination of the uterus showed the tortuous venous sinuses standing out prominently in all directions and filled, not with blood, but with air. The foetal membranes had been stripped away before death from the left lateral and posterior surfaces of the womb, involving fully one-half of the entire inner uterine area, and leaving a cavity, or reservoir, which contained air and about four fluid ounces of dark-colored blood. That this forcible separation of the foetal structures from the uterine surfaces had occurred during life was demonstrated by the deeply reddened color of the uterine lining involved in the lesion. In every part of the denuded uterine surface the presence of open sinuses was demonstrable, not only by the escape, on light pressure, of bubbles from their patulous orifices, but by means of a blow-pipe, with which instrument air could readily be blown through the ruptured canals into the external venous plexuses.

In the *Medical and Surgical Reporter* of Philadelphia, 1859, Volume II., No. 4, on page 76, will be found the history of a case by Dr. John Swinburne, of this city, of attempted abortion, and death from the introduction of air into the veins, the foetus being of the age of five months. In this

case, again, most of the veins of the systemic circulation and the cavities of the right side of the heart contained frothy blood, and also in the uterus was found an injury by the catheter directly involving the uterine sinuses.

Numerous cases are on record in which air has entered the uterine sinuses shortly after delivery at full term—sometimes during attempts to wash out the uterine cavity when air has not been carefully excluded from the syringe, sometimes by the patient merely changing position in bed so as to produce a negative pressure in the general venous system, and under some other conditions; but the number of recorded cases in which death has occurred in this way in the attempt to procure miscarriages at an early period of gestation, appears to be rare, probably because this method of blowing air into the uterus is seldom resorted to.

Another point on which the defense laid considerable stress was the effort to prove that at the third month of gestation it would be impossible for any one to blow air into the uterine cavity with force sufficient to distend it to twice its natural volume at that period. Whether this be possible will probably remain a matter of conjecture, as it is not likely to become a matter of experimentation. Two competent medical witnesses swear that in this case they found the uterus distended to that extent, and there can be no reasonable doubt that whatever distension was present was due to the air being forced in from human lungs. It is possible that they may have been to some extent mistaken about the amount of distension of the uterine cavity; but it is to be borne in mind that at this period the uterus is undergoing a physiological enlargement; that it is ready to be distended easily; that even though the foetation be extra-uterine, the enlargement of the uterus still goes on. In all the recorded cases that I have been able to find in which air has been blown into the uterus at this period of impregnation, it is noted that the uterus was considerably distended, and I do not yet think it impossible that at the third month the uterus might contain two or three cubic inches of air in addition to the ovum. Of course I don't believe that it would be possible to distend the unimpregnated uterus to this extent. The entire muscular relaxation accompanying the condition of shock and collapse into which this patient was thrown would render the inflation of the uterus much easier than it would be at a time when it had not lost its usual muscular tone.

Still another point was brought up by the defense: If an attempt was made to thus forcibly blow air into the uterine

cavity, would not a considerable amount of it escape at the sides of the catheter during inflation, and also through the cervical canal immediately after the withdrawal of the instrument? The canal at this period is so small that an ordinary-sized catheter would fill it completely, and the mucous plug displaced by the catheter would so completely fill the canal upon the withdrawal of the instrument as to retain whatever air might be there.

The amount of shock produced in this case by tampering with the uterine cavity was undoubtedly unusual; and yet, when we consider how numerous and grave are the reflex conditions arising from pregnancy, sometimes even resulting in death of the patient by prolonged vomiting; how common and grave, also, are the reflex troubles with the various organs arising from the various forms of uterine disease which are not in themselves serious, it is not at all incredible that very serious or even fatal shock might occur from the sudden violent distension of the uterus with air. At the recent meeting of the American Association of Obstetricians and Gynecologists, in Washington, September, 1888, Dr. A. L. Smith, of Montreal, made the statement that he had record of eighty cases of death resulting solely from the reflex vomiting of pregnancy.

It is not impossible that some air may also have been forced through the Fallopian tubes into the general peritoneal cavity, and the condition of surgical shock thereby increased; for we know how serious a condition of collapse is sometimes brought about by slight injuries to this membrane.

There seems to be not the slightest doubt that this unfortunate woman's death was caused by the attempt to procure an abortion. The theory of air-embolism appears untenable in consideration of the post-mortem appearances, while every thing points to death from surgical shock, the result of the sudden and violent distension of the uterus with air.

#### DISCUSSION.

[REPORTED BY W. O. STILLMAN, M.D., SECRETARY.]

DR. FRANKLIN TOWNSEND: After listening to this very interesting article of Dr. Ward's, one can scarcely believe otherwise than that the patient died from some other cause than air-embolism, because the mucous membrane remained intact. A current of air might have sufficient force to rupture the mucous membrane, but in this case there was no such rupture. At the third month the venous sinuses are in the beginning of their formation; and, even if they existed, the membrane of the ovular sac, in this case, was not ruptured. So air-embolism could not have occurred from this starting-point.



The introduction of air through the Fallopian tube to the peritoneal cavity is not probable, as in the third month the mouths of the tube are closed by the swollen uterine mucous membrane.

At a post-mortem in a case of air-embolism which I witnessed, the right side of the heart was filled with blood charged with gas, and the lungs were congested.

Shock seems to have been the reasonable cause of death in the case under discussion, especially as the hypogastric plexus of nerves, in connection with the cerebro-spinal system, govern all the pelvic organs. As an example of shock through the influence of this plexus may be cited blows over the hypogastric region, sometimes resulting in almost immediate death.

Dr. A. VANDER VEER: I hope we shall hear from Dr. Bontecou and Dr. Cipperley in this discussion. Dr. Ward has given us a very clear history, and the patient undoubtedly died from shock.

In cases of blows over the bladder, the patients frequently die of shock. In this case there was sudden distension of the uterus; the man who blew through the tube was a musician, accustomed to blow a wind instrument, and had great lung power, so that the force exerted was considerable.

We know, too, the danger of including nerve trunks in a ligature.

Dr. R. B. BONTECOU, of Troy, being called upon by the president, said that he had testified at the trial that the cause of death in this case was shock. Since the trial he had made a number of experiments in the effort to inflate unimpregnated uteri, post-mortem, but had not succeeded.

Dr. J. H. SKILLICORN mentioned a case of shock from the injection of air and water into the uterine canal; the collapse was very serious. Vaporized alcohol was used, and artificial respiration was kept up for an hour and a half. In another case a Barnes' dilator ruptured while being dilated in the uterine canal, with a similar result of shock.

Dr. J. H. CIPPERLEY, of Troy, spoke of two points noted at the autopsy: The heart was quite empty; when the abdomen was opened, the uterus rose up at once to view through the opening, and when the uterus was incised, the sound of the escape of air was distinctly heard, although decomposition had not begun.

Dr. S. B. WARD corroborated Dr. Skillicorn's views of the treatment of shock, namely, the use of various stimulants and of warm applications around the heart.

Dr. CIPPERLEY said, in reply to a question by President Cook, that the prisoner had stated to Dr. Crounse that he blew two or three times very hard, and that the woman fell back in collapse.

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IT IS SAID that Dr. Durand, of New Orleans, gave a hundred patients a dose of sweetened water. Fifteen minutes after, entering apparently in great excitement, he announced that he had by mistake given a powerful emetic, and preparations must be made accordingly. Eighty out of the hundred patients became thoroughly ill, and exhibited the usual results of an emetic; twenty were unaffected. The curious part of it is, that, with a few exceptions, the eighty "emetized" subjects were men, while the strong-minded few, who were not to be caught with chaff, were women.—*Polyclinic*.

## PATHOLOGY OF EXTRA-UTERINE PREGNANCY.\*

BY FRANKLIN TOWNSEND, A.M., M.D., ALBANY, N. Y.,

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In beginning the discussion upon so important a subject as that of extra-uterine pregnancy, I am not unmindful of the necessarily limited time that each has at his disposal, and, therefore, have attempted to condense, so far as possible, that portion of the subject—its pathology—which I have been honored with to discuss. Indeed, much of interest has been already published, both of a theoretical as well as of a practical nature; but it is to be regretted that, in all this wealth of literature, reference to results from broad studies in comparative anatomy is but scanty.

What a field would this topic place at the disposal of him who might care to unravel these hidden mysteries in seeking out the analogy between man and the lower animals!

In tracing out pathological conditions, we should of necessity refer to histology and physiology, for, without these scientific aids to our study, we lose sight of the finer shades of beginning morbid processes from absolutely normal ones.

From deductions like these, then, we should begin our study of the pathology of ectopic gestation, by comprehending the physiological functions of the organs most intimately involved. We should know, therefore, primarily, the functions of the Fallopian tubes and ovaries, and, lastly, we are to deduce from such knowledge the physiological processes by which the ovum becomes fecundated, as well as the site of its fecundation. The pathological processes following may then, I think, be more distinctly and definitely traced.

## FUNCTIONS OF TUBES.

Most authorities are agreed that the functions of the tubes are, first, to transmit the ovum from the ovary to the uterus, and, second, to permit of the passage of the spermatozoa from the uterus in the direction of the ovary. There are a few, and the best of authorities too, who differ from this view, as will be presently shown.

\* Read before the American Association of Obstetricians and Gynecologists, at Washington, D. C., September 19, 1888. Published also in the *Annals of Gynecology*, Boston, December, 1888.

## PHYSIOLOGY OF IMPREGNATION OF THE OVUM.

The seat of contact between ovum and spermatozoon has not as yet been determined with absolute certainty; "but in all probability it occurs generally in the ovary itself, or in the vicinity of the Fallopian tubes, seeing that in mammalia, after intercourse has taken place, the surface of the ovary is generally covered with spermatozoids." (Bischoff.)

Hermann ascribes to the peculiar movements of the tubes (peristaltic) in the direction of the ovaries, as have been observed to occur in the lower animals, the passage of the spermatozoa through the tubes to the ovaries. ("Human Physiology," Hermann, 1878.)

"The spermatozoa find their way into the Fallopian tubes, and here (probably in their upper part) come in contact with the ovaries. In the case of some animals impregnation may take place at the ovary itself." This author accounts for the passage of the spermatozoa toward the ovary by, first, their inherent vibratile activity, and, second, by a retrograde peristaltic movement traveling from the uterus along the Fallopian tubes, as has been observed in some animals. ("Text-Book of Physiology," M. Foster, 1885.)

Impregnation of the ovum normally takes place in the tubes, as he considers Dr. Allen Thomson has clearly shown. ("Anatomy," Gray, 1883.)

The place where fertilization of the ovum occurs is either the ovary or Fallopian tube. Thus, the spermatozoa must be able to pass through the tubes to the ovaries, and which is probably brought about chiefly by the movements proper to the spermatozoa themselves. "When once the ovum has passed unfertilized into the uterus, it is not fertilized in the uterus" ("A Text-Book of Human Physiology," Landois and Sterling, 1886.)

"The usual place for the ovum to meet the spermatozoa, and to be impregnated, is the Fallopian tubes," etc. (Yeo's "Manual of Physiology," 1888.)

In Prof. John C. Dalton's latest edition on "Human Physiology" the following statements are found: "The egg, when discharged from the ovary, enters the fimbriated extremity of the Fallopian tube and commences its passage toward the uterus." Dalton regards the mechanism as due to the movements of the cilia of the epithelium lining the tube, "producing a kind of vortex." He recognizes, also, that the ovum becomes impregnated in the tube. (Dalton's "Human Physiology," 1882.)

Austin Flint says: "It is probable that the ovum is fecundated either as it enters the Fallopian tube or in the dilated portion near the ovary." (Flint's "Physiology of Man," 1875.)

"That the spermatozoa make their way toward the ovarium and fecundate the ovum, either before it entirely quits the ovisac or very shortly afterwards, appears to be the general rule in regard to the mammalia, and the question naturally arises, by what means do they arrive there?" This author's view in regard to this last question is, that it is due to the inherent power of movement in the spermatozoa. ("Principles of Human Physiology," Wm. B. Carpenter, 1883.)

In all instances, the spermatozoa make their way by virtue of their vibratile movements "through the whole length of the uterus and Fallopian tube to the ovary." "It is probable, however, that impregnation generally takes place in the upper part of the Fallopian tube," etc. ("Human Physiology," Henry Power, 1884.)

Chapman says that fertilization of the ovum must occur in the Fallopian tube. He speaks of the changes "by which the egg is transformed into the blastodermic vesicle" as appearing during the passage of the egg through the tube. ("Treatise on Human Physiology," Henry C. Chapman, 1887.)

It is generally supposed that *it* (the ovum) becomes impregnated by the "sperm-cells before it reaches the uterine cavity. *Where* this takes place exactly cannot for *certainly* be determined; it probably varies, and is possible at any point, as the teachings of extra-uterine pregnancy or gestation show." ("A Manual of Midwifery," Alfred Meadows, 1876.)

Cazeaux, in his "Theory and Practice of Obstetrics" (Cazeaux and Tarnier, 1886), puts the question as to this point, where the ovum meets the spermatozoon, and says: "Already had the preëxistence of the ovule in the ovary, the occasional occurrence of ovarian and abdominal pregnancies, and the experiments of Nuck and Haighton, which had rendered fecundation impossible by ligating the Fallopian tubes, tended toward the conclusion that it occurred in the ovary. Still, this fact was not actually demonstrated, and it needed the definite proof of finding the spermatozoa on the ovary itself."

"At present there *cannot be a further doubt on this point*, for Bischoff has been fortunate enough to *see them there*," etc. Since that period, Wagner and Barry have made simi-

lar observations. "Now, such results evidently prove that fecundation sometimes takes place in the ovary; but may it not take place also in the tubes, or even in the uterine cavity?"

"After coitus, the spermatozoa make their way through the Fallopian tubes to the pelvic cavity. It is possible, therefore, for the ovum to become fecundated in any portion of the route from the ovary to the uterus." In exceptional cases it may, after being impregnated, develop after being arrested in its course of travel, entirely extra-uterine. Such terms as "abdominal pregnancy," "ovarian" and "tubal gestation" simply express the site of attachment of the developing ovum, which naturally is ectopic. (Lusk's "Science and Art of Midwifery," 1882.)

Of this, Leishman says: "The ovum is, as has been shown, developed with the ovary in the Graafian vesicle, and what has been observed in the lower animals leads us to conclude that, while yet it occupies that situation, and even before the rupture of the vesicle has occurred, impregnation may occur." On rupturing of the vesicle the fecundated ovum passes into the infundibulum of the Fallopian tube, thence by the tube into the uterine cavity, where its further development continues or progresses to maturity. ("Leishman's System of midwifery," 1873.)

As additional evidence that the spermatozoon reaches even so far as the ovary itself and fertilizes the ovum, I may only quote from Parry's great work on "Extra-Uterine Pregnancy." Parry does not regard it difficult to conceive that the Graafian follicle might rupture and the ovum yet remain; this act, at the same time, allows of a better opportunity for the spermatozoa to fecundate the egg in its very shell. "When we remember the processes by which the ovum escapes from the Fallopian tube, it may occasion no surprise that it should be sometimes retained, even after rupture of the vesicle of De Graaf has occurred."

The following is the course of the fertilized ovum in its passage through the uterus: First, Graafian follicle; second, fimbriated end of tube; third, canal of Fallopian tube; fourth, interstitial (tube within uterine wall) portion of Fallopian tube, or horn of uterus. It may be arrested at any point in this course and continue its development (foetal) just as it does in the uterine cavity. (Hart and Barbour, "Manual of Gynecology," Wood's Library, 1883.)

Barnes ascribes two functions to the Fallopian tube: First, to carry on liquids and the ovum by the movements of the cilia covering the epithelial cells of the mucous mem-

brane to the cavity of the uterus; second, to receive and transmit toward the ovary the spermatozoa of the male. The uterus is regarded by this author as being a thick, hollow, muscular organ "destined to receive the fecundated ovum," etc.

Coste's observations seem to prove that fecundation is almost always effected either upon the ovary or in the part of the tube nearest the fimbriated extremity, inasmuch as he maintains that the ovule spoils very quickly when it enters the tube without previous fecundation. His views regarding the course of the spermatozoa reaching the ovum are, first, owing to the movements of the uterus and tube following the direction from the vagina toward the ovary, and, second, to the inherent power of the spermatozoa themselves.

"The statement that impregnation takes place before the ovum has reached the true uterus seems to me to be an assumption based upon insufficient evidence—indeed, upon no evidence at all. *A priori*, we may safely say that, if it is the rule, Fallopian pregnancies and the disasters which follow them ought to be much more common than they are, and I believe it to be more than likely that the real cause of this accident is the coincidence of a set of circumstances, the most important of which is the destruction or insufficiency of the ciliary movement." ("Diseases of Women," Tait, Wood's Library, 1879.)

That the uterus is the "meeting-place of the ovum and spermatozoa" is a theory held by Dr. Wyder, and is certainly opposed to the views as just quoted by the most eminent of German, English and American physiologists, gynecologists and obstetricians. Wyder regards the appearance of the cilia on the uterine mucosa at puberty, and their action from without inward, as indicating that they are intended to assist the progress of the spermatozoa, while they prevent the too rapid descent of the ovum toward the cervix. The cilia covering the mucous membrane of the tubes, which are present from birth, move in a direction directly opposite, and this movement, taken in conjunction with the peristaltic motion of the tubes themselves, also in the direction of the uterus, as well as the sinuosity of their passages, all tend seriously to retard the advancement of the spermatozoa, notwithstanding their inherent power of motion. (*Philadelphia Medical News*, Vol. 49, 1886.)

Regarding the function of the tubes and ovaries, Mr. Tait has proven conclusively to my mind that ovulation can and does take place before, during, and even after menstruation

ceases (menopause); also, that the changes in the ovary at puberty are simply vascular, and that those in the tubes are vascular and epithelial, and that the change of greatest importance is in the functional movement of these accessory organs—that is, the “grasping,” so to speak, of the ovary by the fimbriated extremity of the tube *at only stated times, viz., during the menstrual epoch*. Ovulation, then, and menstruation are not necessarily coincident, for, as Tait, Jackson and myself have shown, it is not always that the passage of an ovum takes place through the tube, though its fimbriated extremity is grasping the ovary, for frequently it happens at such time that there is no ripe ovisac present.

If, then, as has been shown, ovulation continues intermenstrually, when the tubes are quiescent, the question naturally arises, what becomes of the ovum when the ovisac ruptures? There is only one place it can go, and that is into the peritoneal cavity, where it perishes and is absorbed. Mr. Tait, in speaking on this subject in his work on “*Diseases of the Ovaries*,” says: “I believe that the ovum falls into and perishes in the peritoneal cavity in by far the greater number of cases, and that the passage of it into the uterus occurs only in a small minority of the ova produced.”

Accepting, then, the views of the majority of the authorities, that fecundation usually takes place either in the tubes or on the surface of the ovary, or even in the Graafian follicle, or, possibly, as has been intimated by Parry, in the peritoneal cavity, and granting the admirable stand taken by Tait, as just dilated upon, it would seem to me that—

*First.* Fecundation of the ovum takes place more frequently than is supposed.

*Second.* That this being a fact, many sterile women—that is, objectively sterile—who never complain of pain or ache, who ovulate and menstruate with greatest nicety and regularity, and whose general health is perfect, and such, no doubt, all of us present have met with—such women, I say, may frequently have fecundated ova, which, like the non-fecundated ova, may drop into the peritoneal cavity and perish, because the soil there is unpropitious for their development.

*Third.* That occasionally, but rarely, I will admit, this same peritoneal soil, if I may be permitted to use such a term, does present a favorable site for development of the fecundated ovum, and what is called “primary abdominal pregnancy” results.

*Fourth.* This propitious site may be due to old peritoneal inflammatory troubles, which may be so slight, indeed, as to

have never given rise to suspicion of their existence. Such resting spots in the peritoneum for the development of the young fecundated ovum, though occurring not so frequently as those inflammatory changes in the tubes, causing desquamation of the ciliated epithelium, and thereby tubal pregnancy, as Mr. Tait so ably advocates, *are*, nevertheless, to *my* mind, a factor of causation of the so called primary abdominal pregnancy.

From the physiological proofs, as already cited, I am convinced that extra-uterine foetation can and does occur either in the Fallopian tubes (by far the most frequent form), *in* the ovary, *or upon it*, and even in the peritoneal cavity; and I must truthfully say that, in the study of any given case of misplaced conception, one of the most perplexing questions to decide is as to which class it properly belongs—whether tubal, ovarian or abdominal. This is assuredly true, not only while the patient is living, but after her death; and I can heartily endorse the views of Parry when he says that, “notwithstanding these common and insuperable difficulties which the pathological anatomist may encounter, even under the most favorable circumstances, a large number of physicians do not hesitate to classify their cases, even when their patients have been carrying the products of a misplaced gestation for years. These remarks apply not only to the statements of physicians who have observed only one case, but to those accouchers who have seen many. The result is that special treatises, as well as periodical literature, teem with statements which are decidedly unreliable and calculated to mislead those who attempt investigating this subject.”

#### TUBAL ECTOPIC GESTATION.

By far the most frequent form is tubal ectopic gestation, ascribed usually to a number of causes, as catarrh of the mucous membrane, causing possibly a loss of the ciliated epithelium, allowing thereby the fecundated ovum to rest and develop in the denuded spot; flexions of the tubes, dilatations with hernial pouches, produced by the protrusion of the mucous membrane through separate bundles of the muscular fibres (Lusk). Constrictions from inflammatory changes, causing adhesions, obstructive catarrh, physiological aberrations, or even paralysis, etc., have all been assigned as factors.

Naturally the pathological changes taking place will vary according to the duration and behavior of the pregnancy.



As the growth of the ovum continues the mucous membrane of the tube thickens, the tubes themselves gradually distend, the villi enter the mucous membrane, and, according to Bandl, "the two poles of the decidua-like covering are closed, though sometimes the uterine end remains open and in continuity with the mucous membrane of the tube and the decidua of the uterine cavity." Hennig remarks that a decidua reflexa is rare.

The villi continue in their growth, penetrating the mucous membrane to the muscular layer, but, according to Leopold, never breaking through the walls of the maternal vessels; nor are any evidences of blood to be found, as is presumed to exist in intra-uterine development, between the villi. The vascularity of the vessels of the tubes and those of the broad ligament in which they lie is greatly increased; the muscular fibres of the tubes, enlarging at first, subsequently become markedly thin by stretching from the continued and increasing pressure due to the growth of the ovum, which finally ruptures the tube, usually between the second and third months. According to Mr. Tait the most common seat of rupture is through the surface of the tube into the cavity of the peritoneum, because, as he says, "the proportion of the circumference of the tube which is covered by peritoneum is very much greater than the proportion of the circumference of the tube which is related to what is called the cavity of the broad ligament." As a result of such tubal ruptures the placenta is frequently lacerated and the hemorrhage is excessive, which pours into the peritoneal cavity, death being frequently due to shock, hemorrhage, or, if not from either of these, purulent peritonitis is apt to develop.

Associated with the rupture in the wall of the tube may be that of the ovum, with the escape of the fœtus into the peritoneal cavity, or it may be that the ovum remains whole, and in such condition falls into the abdominal cavity; should the ovum, though, remain in the tubes, which is rare indeed, and most favorable, the extent of the hemorrhage may be lessened. Spiegelberg mentions three instances where this form of extra-uterine pregnancy advanced to full term, and Hofmeier still another. In all three cases the enormous muscular development in the tubal walls was characteristic. Fatal as this form of ectopic gestation usually is, recovery may occur in case of premature death of the fœtus before the tubes give way; and even after rupture has taken place recovery is possible, owing to the formation of inflammatory false membrane around the embryo of the entire ovum. Should the tube rupture at any point not involved by the

peritoneum, the folds of the broad ligament become separated by the effused blood, forming a cavity into which the ovum may fall, and either become destroyed, or continue developing up to the fourth, fifth or sixth month, when it usually dies. Then we have, according to Tait, "a group of cases in which, after suppuration has taken place, the bones of the fœtus are discharged through the rectum, through the bladder, or through Douglas' cul-de-sac into the vagina, or sometimes a lithopedion results. The minority proceed to the full time, and are removed, either as living or as dead children, from an extra-peritoneal cavity."

### OVARIAN PREGNANCY.

So long ago as the latter part of the seventeenth century St. Maurice demonstrated a case of ovarian pregnancy. Since that day a number of cases of this very rare condition are now on record, as that of Granville, Porter, Kammerer, Bandl, supported by the thorough investigations of Marimus of three preparations found in the Pathological Museum of Wurzburg, which proved unquestionably the presence of gravid ovaries. In Porter's case the woman died from rupture at between the sixth and seventh week of gestation in her fourth pregnancy. The autopsy revealed the left ovary greatly enlarged, *containing* the gravid sac; the Fallopian tube on the same side was found "*floating free and impervious.*" In ovarian foetation, as is usual, the cyst is void of a peritoneal investment, the walls of the Graafian follicle and the stroma of the ovary forming the envelope about the developing ovum. The chorion is in intimate relation with the interior of the sac. Subsequent to fecundation the Graafian follicle may close, and the ovum continue extra-peritoneal, or the ovum may gradually make its way through the opening occasioned by the escape of the Graafian fluid, and thus come to lie eventually, for the most part, within the peritoneal cavity. In either case, rupture of the sac takes place early, though when the sac walls are reinforced by inflammatory adhesions to the peritoneal coverings of adjacent viscera, gestation at full term may be reached.

### ABDOMINAL PREGNANCY.

#### *Primary—Secondary.*

As was shown in an earlier part of this paper, ova frequently, becoming fecundated, drop into the abdominal cavity and perish, the soil being unpropitious for their further

development; occasionally it happens, though, as has been demonstrated, that their death is not so imminent, and that their growth may continue for an indefinite period. Now, the pathological changes occurring in this form of "primary abdominal" pregnancy must be distinguished from those that take place in that form which is termed "secondary." In the one instance we have so minute, soft, fragile and delicate a corpuscle deposited in the peritoneal cavity that one could not well imagine any grave and inflammatory results accruing from its immediate presence. This being the case, then, the contiguous abdominal organs will not be injured by its ulterior development, because, as Cazeaux remarks, they gradually become habituated to it, and the ovule, having obtained a right of possession, "lives, grows and presents to the smooth, polished surfaces which touch it a surface equally smooth, polished and moistened at their expense, and not having occasion for any other protecting envelope, no cyst is formed," the ovum being simply surrounded by the chorion and amnion.

On the other hand, in the secondary form of intra-peritoneal pregnancy, we have a voluminous product of conception suddenly thrust upon the peritoneum, accompanied by large quantities of blood, wounding possibly, irritating certainly, this membrane so unaccustomed to such harsh intrusion. Here the ovum acts the part of a foreign body, soon determining an acute inflammatory process about it which possibly may form a cyst-wall made up almost wholly of plastic lymph, which completely isolates it from the rest of the peritoneal cavity. If the foetal cyst ruptures, and the contents escape from the amniotic cavity into the midst of the intestinal mass, a renewal of the inflammation occurs, and the cyst just described forms around it. As a rule the foetus perishes at or soon after the time of rupture; still, there are cases recorded, especially by Bandl, where it continued developing even within the sac formed of proliferating connective tissue. With the death of the child it may be converted into a lithopedion, or, through the blood-supply of the connective tissue, it may be preserved for years in its soft integrity.

In all cases, numerous and greatly exaggerated vessels form in the cyst-walls, the rupturing of which frequently gives rise to almost instant death from hemorrhage. Sometimes, especially when the pregnancy is prolonged, these walls may become destroyed by perforating, fistulous canals running in various directions, frequently communicating with the intestines, vagina, uterus, bladder, or even with the

abdominal parietes, opening directly into the external world. Through these fistulous channels the skeletal portions of a putrescent fœtus frequently find their exit; this change is undoubtedly more frequent than that the fœtus should be transformed into osseous or cretaceous substance or even adipocere. Beside these varieties of extra-uterine fœtation, as already mentioned, Bandl records histories of the coëxistence of extra- and intra-uterine pregnancies, "the latter occurring at the same menstrual period as the former, or possibly after the death of the extra-uterine fœtus."

### PLACENTA.

In all forms of ectopic gestation, the connection between the ovum and the abnormal surface upon which it is engrafted is established by a vital adhesion between the chorionic villi and the tissues with which they come in contact, plastic material helping to cement them, as it were. This has been demonstrated thoroughly by Braxton Hicks and Engelmann. As there is here absence of the decidua, the process differs from that found in the uterus, where the sub-ovula portion, the serotina, performs an important and active part in connecting the ovula and material tissues by proliferating cell activity.

### THE UTERUS IN ECTOPIC GESTATION.

From researches made by Clark, Oldham, Virchow, Ramsbotham, Cazeaux, Kiwish, Hodge, Hennig, and others, it would seem fair to conclude that the uterus is enlarged even in the early stages of ectopic gestation; that it undergoes changes which are the normal preparatory transformations for the reception of the ovum. A decidua forms in its cavity, which is seldom retained until the completion of gestation; on the contrary, it is usually expelled during the early stage of gestation *en masse*, with pain and symptoms of abortion, or it may be discharged in shreds and pieces without symptoms.\*

To illustrate what has been said regarding the pathology of extra-uterine gestation, I take pleasure in presenting before you the following specimens, obtained from the Museum of the Albany Medical College, at Albany, N. Y.,

\* BIBLIOGRAPHY.—Dalton, Flint, Hermann, Foster, Yeo, Power, Landois and Sterling, Chapman, Gray, Carpenter, Brubaker, Parry, Spiegelberg, Bandl, Hofmeier, Leopold, Hennig, Braxton Hicks, Engelmann, Meadows, Cazeaux and Tarnier, Lusk, Leishman, Hart and Barbour, Greig Smith, Barnes, Tait, Wyder, Jackson, Townsend.

with the history, as reported by the late Dr. J. H. Armsby, of Albany. (See plates.)

"The specimens were obtained at a post mortem examination held by Dr. Parkhurst, in the presence of about twenty persons, upon the body of Mrs. Amos Eddy, aged 77, of Frankfort, Herkimer county, N. Y. Mrs. Eddy's maiden name was Rebecca Smith. She was born in Frederickstown, Columbia county, N. Y., in the year 1775. Her parents were born in England. Her mother, Sarah Smith, gave birth to twenty-four children, of whom four pair were twins, Rebecca being the twelfth child. Mrs. Eddy was married in New Lebanon, Columbia county, N. Y., in 1765, at the age of 20, and removed with her husband, Amos Eddy, to Frankfort, Herkimer county, N. Y., where they both lived and died, he at the age of 70, and she at the age of 77. She became pregnant in 1802, seven years after her marriage, and died in 1852, carrying this foetus fifty years.

"No unusual symptoms attended her pregnancy; her catamenia ceased, quickening was felt at the usual time, and the motions of the child increased as would be natural. At the expiration of eight and a half months she had severe labor pains, following a sudden fright from the falling of a vessel into the fire while she was engaged in cooking. Her physician, Dr. Farwell, of Litchfield, was called; the labor pains continued for several hours with regularity and force, but at length subsided, and she remained comfortable for two or three weeks.

"Her health then began to decline, and the full period of pregnancy having passed by, her friends became extremely anxious, and availed themselves of the advice of Drs. Guiteau, Hull, Coventry, White, and others. For a considerable time she was confined to her bed, and after a year and a half of extreme suffering her health began to improve, and was finally restored; during the remainder of her life she had good general health, but suffered occasionally from severe attacks of pain in the abdomen, which resembled labor pains. After her health was restored, her catamenia returned, and continued until the age of 45. She traveled much about the country, and consulted various medical men, among others the late Professor Willoughby, of Fairfield Medical College; her health continued remarkably good up to the time of her death, and at the age of 76 she was accustomed to walk five miles from her residence to the village and back again.

"The specimen, with its covering cyst, weighed eight pounds at the time of its removal. The external surface of

the envelope was smooth and white, composed of concentric layers of fibro-cartilage, varying at different points from a line or two to three-fourths of an inch in thickness. It had no connections with the abdominal viscera or walls, but was slightly attached to the Fallopian tubes and omentum. The external surfaces of the foetus were encrusted with earthy substance, of sufficient thickness to preserve its form when dried. The interior seems to be a substance resembling adipocere."

### DISCUSSION.

#### EXTRA-UTERINE PREGNANCY: ITS DIAGNOSIS.

DR. JOSEPH PRICE, of Philadelphia: For the sake of brevity, all allusions to the literature of the subject have been omitted and the facts generalized. The literature of extra-uterine pregnancy is scattered through a vast number of periodicals, and consists, for the most part, of descriptions of cases occurring in the practice of the writers. The most valuable works are those of Mr. Lawson Tait and Dr. John S. Parry. Mr. Tait is undoubtedly correct in his proposition that all extra-uterine pregnancies are primarily tubal, and that all the so-called varieties depend upon the location of the ovum in the tube and the location of the point of rupture of the tube. The subject may be divided into three classes: First, extra-uterine pregnancy before the rupture of the tube; second, at the time of rupture of the tube; and, third, after the rupture of the tube. Rupture of the tube is not synonymous with rupture of the foetal sac, though they generally occur at the same time. The diagnosis of extra-uterine pregnancy, before the rupture of the tube, is rarely made, and when it is made, is of necessity not positive, because the same set of symptoms may arise from a number of pathological conditions. The symptoms they present are as follows: First, partial or complete cessation of menstruation for one or more periods, generally accompanied by other rational symptoms of pregnancy; second, pain which is peculiar, being generally severe, paroxysmal, and long continued—a sickening pelvic pain which is neither cramp-like nor colicky. These pains, probably caused by the distension of the tube, are likely to subside for a time, only to return; third, the appearance of uterine hemorrhage, which is again peculiar in that it is usually irregular both as to time and quantity, generally lighter in color than the normal discharge, and containing shreds of tissue, which are portions of the decidua vera. The general condition of the vagina and cervix may or may not correspond to normal pregnancy. The uterus is generally enlarged and pushed out of place by a tender or exceedingly painful cystic mass, occupying the position of one or the other of the tubes, and freely movable. A differential diagnosis is extremely uncertain. Care must be taken not to hastily exclude pregnancy because of the apparent return of the catamenia, nor to conclude that miscarriage has taken place on account of the presence of tissue in the discharge. When the foetus and placenta die before the rupture of the tube, the difficulty of diagnosis is practically insurmountable. The symptoms continue as the pregnancy advances. The tumor, as it increases in size, causes additional symptoms by pressure on the bladder and rectum. Rupture takes place almost always between the eighth and fourteenth

week of pregnancy; in a majority of cases before the twelfth week. Now, the symptoms vary somewhat, according to the point of rupture in the tube, whether into the peritoneal cavity or below it. If into the peritoneal cavity, as it is prone to do in a large majority of cases, the symptoms suddenly become most alarming. The patient is seized with agonizing pelvic pain, shows all the symptoms of internal hemorrhage and shock, goes into syncope, collapse and death. Dr. Formad, of Philadelphia, states that within a very short period he had found in his post-mortem work eighteen deaths due to ruptured tubal pregnancy. These deaths all occurred before the twelfth week of pregnancy. Where death does not immediately supervene, the recovery from the shock is gradual; uterine hemorrhage generally occurs, symptoms of peritonitis make their appearance, and the patient slowly recovers, only to undergo another attack of the same kind. Physical examination now may or may not present characteristic lesions. If the patient survives thus far, the symptoms of purulent peritonitis or septicæmia set in, and finally death relieves the suffering woman.

When rupture occurs below the peritoneum, the symptoms are rarely so severe, and may, indeed, be scarcely noticed by the patient. The hemorrhage is rarely or never fatal at the time of rupture. Here, again, recurrent attacks mark the progress of the case, and the ultimate outcome depends on whether the foetal sac is ruptured or not. Examination of this point will reveal a sensation of bogginess and distension in the pelvis. The symptoms of peritonitis are wanting generally. If the foetal sac has ruptured, the foetus dies, and if the condition is not recognized and relieved by operative measures, the patient goes into a state of chronic invalidism, though sometimes she may recover fair health and comfort.

In a small minority of cases, the foetal sac is not ruptured, and now the progress of gestation is similar to the normal until full term, providing a secondary rupture into the peritoneal cavity does not occur. After quickening, the doubts of pregnancy are settled, and the question is the location of the foetus, whether within or without the uterus. The severe, paroxysmal pains may be very infrequent or cease altogether. The mammary changes are as in normal pregnancy. As the foetal sac enlarges, it produces unusually distressing pressure symptoms on rectum, bladder and blood-vessels. Physical examination is the only mode of determining the diagnosis. The foetal sac is generally less movable than the gravid uterus. Vaginal examination shows the uterus enlarged, but not in proportion to the duration of pregnancy, generally displaced to one side, in front or beneath the tumor. If the patient carries the extra-uterine gestation to term, spurious labor will take place. It is accompanied by metrorrhagia. After this spurious labor, the foetus dies and is disposed of in a dozen different ways by nature.

#### EXTRA-UTERINE PREGNANCY: ITS TREATMENT.

DR. E. E. MONTGOMERY, of Philadelphia: In the discussion of extra-uterine pregnancy, Dr. Montgomery said that, when asked to take part, he chose the subject of the surgical treatment. While his subsequent study had not induced him to depreciate the value of surgery, it had led him to appreciate more highly than he had before done the possibilities of treatment by electricity.

Treatment must depend upon the form with which we are confronted.

Electricity affords an agent which can be relied upon for the destruction of foetal life. I am aware that its efficacy is questioned, but we cannot accept the dicta of men who are ignorant of the manner in which it is used, or of those who condemn it without a trial. An agent which is capable of destroying the life of mice and insects by passing a current through a vessel of water in which they are placed, should be effective in destroying life when brought in close contact with the foetal envelope through vagina or rectum, as may be most convenient. Its method of action is not electrolytic; the proper method of use is not by puncture. Those doubting its efficacy, question the diagnosis; but it is improbable that all the cases quoted are cases of mistaken diagnosis. An agent that will dispel conditions affording the subjective and objective symptoms of ectopic gestation is worthy of further consideration.

In conclusion, he recommended the following plan of procedure :

1. In every form of ectopic gestation, prior to the fourth month, the destruction of life by electricity (faradic current).
2. Between the fourth and sixth months, destruction of life by electricity, and, some weeks later, laparotomy.
3. In rupture, immediate laparotomy, with removal of sac, contents and the effused blood.
4. In cases that have passed the sixth month, wait until viability is well established, and perform laparotomy, observing every precaution that separation of the placenta does not occur, close the sac above, and drain the vagina.
5. In case of death of foetus, it should be removed by laparotomy a few weeks later.
6. Where the foetus has become macerated and abscess has formed, its sinus should be enlarged and the foetal residue removed.

#### EXTRA-UTERINE PREGNANCY: ITS TREATMENT (CONTINUED).

DR. A. VANDER VEER, of Albany: Many eminent writers and operators in the field of abdominal surgery have paid especial tribute to the worth of Sir Spencer Wells' monograph on abdominal tumors, published in 1865.

The particular excellence of this work lies in the full, clear history of cases, and the concise, yet minute, description of the surgical devices employed in overcoming obstacles and bringing his cases to a successful termination.

Much of the literature upon ectopic gestation, especially that which deals with the subject before rupture and hemorrhage, as to histories, points of diagnosis and the details of the treatment, is very vague. The busy writer is often prone to pass over rapidly the history, symptoms and general manner of treatment, to enter some special pleading for this or that form of treatment.

The abdominal surgeon will often be called in consultation by the general practitioner when a suspicion of ectopic gestation may arise. It will be necessary for him to have in mind the various points of diagnosis, especially of early diagnosis—that is, some time prior to the sixteenth week.

I believe there are, on one hand, a class of cases in which a diagnosis can be made before rupture, and by the tenth week. On the other hand, there are cases which do not give rise to any symptoms other than those of normal pregnancy



before the rupture takes place; witness the thirty-five cases of Tait, the eighteen cases found post-mortem within a very short period by Dr. H. F. Formad, of Philadelphia, and numerous other cases in literature, as well as many, I dare say, buried without a diagnosis having been made. In Formad's cases no examinations had been made, the pain and collapse having been attributed to colic or cramps. The deaths all occurred in laboring women, and before the twelfth week.

The first class of cases are such patients as have been under the eye of the gynecologist perhaps for years, and have been treated for some form or other of pelvic disease. He will be conversant with the pelvic conditions and relations, the presence or absence of new growths, the condition of the peri-uterine connective tissue, the broad ligament, the tubes and ovaries, as well as the position of the uterus. In such cases, there will be the onset of menstrual disorders, altogether new or different from those heretofore experienced, severe and recurrent attacks of pelvic pain, mammary and gastric disturbances; perhaps the expulsion of shreds of membrane with the clots; dysuria. Any or all of these symptoms will bring the patient to him. When, in addition to those symptoms, upon examination, the vaginal hue (the so-called "wine cast"), which I believe to be valuable in a goodly per cent. of cases as early as the second month (Chadwick), is present, the uterus displaced either laterally or forward, the cervix softer, the os more patulous, the uterus enlarged, and, finally, a new growth, behind or to the side of the uterus, globular, semi-fluctuant to the touch—a strong presumption of ectopic gestation exists. If, after another examination, the pelvic conditions are aggravated by the rapid increase of the tumor, or, as in many cases, fresh decidual shreds are expelled, it seems to me that we are quite as sure of our diagnosis as when we have decided an abdominal tumor to be ovarian.

The literature of ectopic gestation is not without a goodly number of histories, with symptoms, subjective and objective, as clearly defined as already mentioned. We have made our diagnosis. How and when shall we treat our cases?

For convenience sake, the treatment may be relatively divided into three classes: First, cases diagnosticated before the fourth month; second, cases between the fourth month and term; third, cases after term, and spurious labor.

Among the obstetrical and gynecological writers there is no great difference of opinion relative to the manner of treatment of the second and third classes and some of the first class of cases. As I understand it, the general consensus of opinion of those who advocate the use of electricity is that it is not applicable after the fourth month, or after rupture and hemorrhage. Aside from abdominal section and electricity, no method of treatment has any considerable number of advocates.

The use of electricity as a foeticidal agent is largely an American method of treatment. Aveling claims the first successful case in England, in the *British Gynecological Journal* for May, 1888. It has gained no considerable foothold in England, and has no advocates on the continent. In America there have been reported forty cases, with one death, and that from hemorrhage following an application. In nearly all of the cases, from reading the histories, there can be little doubt of the diagnosis. The treatment was instituted at periods varying from the end of the second month to the end of the fifth. One case, in which the fetus was afterward discharged by ulceration into the vagina, was approximately at the one

hundred and fifty-third day of gestation (Chadwick's case). The advocates of electricity are very generally agreed that treatment by electricity should not be instituted after the fourth month. The galvanic and faradic current have both been used with equally good results. However, the majority prefer, I think, the faradic current. Apostoli, one year ago, recommended the use of the galvanic puncture. In reply to a question asked, he said that he had no personal experience. Galvano-puncture of the sac has been an unusually fatal procedure. I know of but one successful case.

Objections have been urged against electricity as a foeticidal agent—that it is an immediately dangerous operation; that the diagnosis has not always been established beyond reasonable doubt; that the placenta continues to grow after the death of the foetus; that the method often fails; that after-histories of many of the cases have been serious ones. It seems to me that there is not enough data yet collected to either refute or confirm these objections. However, it seems to have been followed by no immediately serious results, save in one case. The objection that the diagnosis has not always been clear, doubtless has had considerable weight in a few of the cases, yet the question may be seriously asked: With the present mortality following exploratory incisions in America, are we justified in doing laparotomy in similar cases? In none of these cases yet treated by electricity has the placenta been shown to have grown after the death of the foetus. I think the placenta of ectopic gestation do not resemble in size, weight or outline those of the normal ones (Thomas' case, for example). That the method fails has been demonstrated by Price and others. The objection that untoward results follow the operation later seems to have a better ground than many others. Sure, many of the cases treated by electricity have not been followed by absorption of the ovulum or product. One case already related was followed by septicæmia and the discharge of the contents of the sac through the vagina (Chadwick's case, afterward treated by Dr. Murphy, of Washington). The convalescence in this case was tedious. There are several cases in which, after months, considerable thickening of the broad ligaments remains, and in a few the foetal sac did not materially decrease in size (Reeves' case). Manifestly an unabsorbed product of the ectopic gestation is not a desirable mass to have located in the pelvis, by its presence producing uterine displacements, with all of their attending symptoms, or being a seat of chronic irritation, ready at any moment, under favorable circumstances, to be lighted up into an active inflammation. Again, a tube the seat of ectopic gestation, can never be of any functional use.

The operation for the removal of an ectopic gestation by abdominal section, before rupture has taken place, or before the expiration of the fourth month, ought not to be more serious than the removal of the tubes and ovaries.

Veit records seven successful cases, with no failures. If the operation can be done without increased danger to the mother, it should be done, and that, too, at the earliest possible date after the diagnosis has been made. It is to the surgeon an ideal method. There remain no foreign bodies to be disposed of, and no serious after-effects to be feared. This method, I am sure, is receiving no little attention in this country, and is the recognized procedure in Germany. Dr. A. Martin, after commenting on the after histories treated by electricity as "running on a slow course," said we have agreed (Proc. Bir. Gynec. Soc.,

1886), to operate at once in our tubal cases. Waiting, in any case, for rupture is dangerous. Twenty-five per cent. of the cases, after rupture, die before an operation can be done. It is to be hoped that sufficient experience will soon be collected to show the relative value of electricity and abdominal section in early ectopic gestation.

When in a case there arise the symptoms of shock and internal hemorrhage, occurring as shown in the case reported by Dr. Henry Hun, in the *American Journal of Medical Sciences*, July, 1884 (and a few reprints I here present, as the paper is a very complete one in many respects), then it will be seen that the achievements of Mr. Tait clearly point out to us our duty. He has done more than all others to give to the world a great life-saving operation. There can be no doubt that an abdominal section is the only proper thing to do, ligating the broad ligaments, removing the tubes, with the product of conception, and cleaning the abdominal cavity. If a case of ectopic gestation goes safely beyond the fourth month, the danger of rupture becomes very small. The general tendency is to leave the cases alone until the onset of spurious labor, if the foetus be living. Then comes the question of whether we shall try to remove a living child, or wait until after the child is dead and the placental circulation has ceased. The first method has been most disastrous in the past, as regards the safety of the mother. Harris collected twenty-five cases, with twenty-three deaths. However, the same author has examined ten cases since 1881 where the operation was done before the foetus became viable. There were four recoveries and six deaths. Five children lived, or their deaths were attributable to natural causes. Mr. Tait reports seven cases, with six recoveries. The tendency of operators is growing more and more toward primary laparotomy, even at increased risk to mothers.

After spurious labor and the death of the foetus, the onset of suppuration makes abdominal section imperative. If the foetus is quiescent, operation, though advisable, is not urgent (Greig Smith). It is better to wait until absorption of the amnion indicates that the placental circulation has ceased.

The following cases, coming under my observation, I report briefly:

Mrs. V., the wife of one of our most prominent physicians, became pregnant a few years after marriage. In time it was recognized as a tubal pregnancy. She suffered nearly twenty years previous to her death with constantly recurring pelvic abscesses, discharging through the vagina and rectum, and accompanied with portions of the foetus. No operation was attempted.

Mrs. B., young, happily married, and with the brightest prospects in life. She became pregnant; suffered much. I am not sure whether the diagnosis of extra-uterine pregnancy was made; but, after spurious labor, and when the septic symptoms presented, I was consulted, but another surgeon was called to perform the abdominal section, for reasons I cannot now explain. Sac was found, suppurating foetus removed, cavity washed and drained, but patient lived only a few hours.

Mrs. B., married in 1871, and became pregnant in 1874. At the time of each monthly period after, she had a thin, pinkish discharge from the vagina. In November, 1874, she had severe abdominal pains and a watery discharge from the uterus. A physician was called who declared her to be in the seventh month of pregnancy. She was ill for some time after this, and confined to the bed for

five or six months. She slowly regained her usual health, and her natural monthly flow returned, but she did not change much, if any, in her size or form. In 1877 she became pregnant, and at the seventh month was delivered of a dead child. In July, 1879, after severe efforts, she felt something give away in her abdomen, which was followed by a slimy discharge from the rectum, and by profuse yellow pus. Periodic discharges of this nature continued up to February 4th, 1881. Dr. Newcomb states that he made an examination, and then discovered foetal bones protruding into the rectum about three inches above the external sphincter. Several attempts were made by him during a period of two weeks, when he finally succeeded in reaching the mouth of the sac, enlarged its opening, and with the aid of forceps removed the foetal bones which are here presented. The smaller bones were scooped out. Some two or three pieces were imbedded in the wall of the sac, but were dislodged by scraping. On the sixth day after, the sac filled, but opened on the 13th of March, when, by careful washing, the patient was kept in good condition, and finally went on to recovery.

When we consider these cases as a class carefully, and think of all their intense sufferings and anxiety of friends, and their little hope of ultimate recovery, it seems to me that we are justified in urging, when the diagnosis is clear, the primary laparotomy, especially in view of our improved technique in doing the operation.

Finally, allow me to record my belief that in primary laparotomy the placenta ought to be removed either by ligation or exsection, as in Prof. Aug. Breisky's case. In the four recent successful cases collected by Harris, the placenta was removed in three. Tait, who has been so singularly successful, removes the placenta.

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## CORRESPONDENCE.

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REXFORD FLATS, N. Y., *January 10, 1889.*

*Editor Albany Medical Annals:*

I send the report of two cases which have been of some interest to me. I have some doubt, however, whether they are of sufficient importance to merit a corner in your valuable and interesting journal. For nine months I have been on the sick list, unable to do professional work. I am much better at present, and have been doing a little business for three or four weeks past. I hope to be able to give you something better during the coming year.

Wishing you continued prosperity, I remain

Yours respectfully,

W. E. ROGERS.

### VASCULAR TUMOR OF MEATUS URINARIUS.

Mrs. E., *æt.* 50, married and has a family. Has suffered a year or more from scalding micturition and frequent desire to pass urine, which nothing would alleviate. Made an examination on October 4, 1888, and found a vascular tumor, in size and appearance like a medium-sized ripe strawberry, and located fairly within the orifice of the urethra and attached by a broad base to the posterior part. I seized it with a pair of forceps, drew it well up, and with a pair of scissors cut it

out so close that an excavation remained at the seat of the tumor. I then cauterized the wound freely with strong nitric acid. The lady enjoyed the first ease she had experienced in a long time; but on the 10th of October the old scalding returned, and the tumor reappeared, though small. I touched it with a red-hot iron, which gave immediate relief. On the 25th the suffering returned, and I again applied the cautery. December 16, I burned the tumor very severely, and complete ease followed for two weeks; then the burning pain returned, and I found the tumor growing in again, and the red-hot iron was again applied. The lady's general health, which was poor, continues to improve, and although the application of the cautery is quite painful to her, yet the relief is so prompt and so complete that she receives the treatment gladly, and bears it with true heroism. The tumor has invariably returned within ten or twelve days after the cautery was applied. I have come to the conclusion that the electric cautery, perhaps, would be more effectual in destroying the morbid growth.

#### A CASE OF HICCOUGH.

A German, set. 50, during the course of an intermittent fever, was seized with unusually severe hiccough, which continued without interruption even during profound sleep induced by narcotics, and which resisted all remedies resorted to. It continued over a week, and was finally arrested by the use of powdered charcoal and milk.

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### ABSTRACTA.

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ON THE ACTION OF CERTAIN DRUGS ON THE UTERO-OVARIAN SYSTEM.—By Lombe Atthill, M.D., F.K.Q.C.P., President of the King and Queen's College of Physicians, Consulting Obstetric Physician to the Adelaide Hospital. The great majority of females are under the impression that no medicine of any kind should be taken during the continuance of the menstrual flow, and that to take even a mild purgative would be injurious, and many practitioners share in this unfounded prejudice.

I am perfectly satisfied that none of the ordinary medicines, taken in moderate doses, produce any effect on the function.

To this statement one exception must be made; drastic purgatives, taken in large doses, do seem, in many women, to increase the menstrual flow.

When we come to consider the action of drugs in many cases in which menstruation (*a*) does not appear at all, or very irregularly, (*b*) in insufficient quantity, or (*c*) is unduly profuse, the first question is, does ergot, savin, quinine, or even strychnine, in medical doses, produce any appreciable effect on the muscular fibres of the normal uterus? To me it seems that writers and practitioners assume that these drugs have this effect, without sufficient grounds to justify their belief. For my part I doubt it.

Quinine I have administered daily, in doses from 2 to 10 grains, during the menstrual period, and never observed it to produce

any pain or discomfort, which it might be expected to do if it induced contraction of the uterine fibre, nor has it ever once among my patients exercised any influence on the amount or duration of the period. My experience of the effects of strychnine is the same. Again, I have given ergot alone, or combined with other drugs, as an emmenagogue, and have never known it to have any effect as such.

I, therefore, feel satisfied that three of the most potent of the so-called emmenagogues have no appreciable effect on the unimpregnated uterus in its normal condition—normal, I mean, so far as its muscular structure is concerned. And I am forced to the conclusion either that these drugs do not, under such circumstances, produce any contraction of the uterine muscular fibre, or if they do, then that stimulation and contraction of the fibre have no effect in the production of menstruation.

With reference to the action of drugs in cases in which menstruation is too profuse, or in which actual uterine hemorrhage occurs, putting aside those cases which depend for their origin on abortion, pregnancy, or parturition, the medicines known as astringents may at once be discarded as useless in cases of uterine hemorrhage. I do not believe that tannin, tannic, or gallic acid, or any other astringent, has any effect whatever in these cases—indeed, their administration is worse than useless—I believe it to be injurious; and the mineral acids seem to me to be of no greater value. Full doses of the tincture of the perchloride of iron have, in my hands, sometimes been of great use in checking the loss, but it was always in anæmic women, and its beneficial effects were probably due to the iron it contains—but, at best, it is a very unreliable agent. Ergot is the only one in which I place any reliance, and there is only one preparation of it which is trustworthy.

Some years ago I made a very extended trial of the various preparations of ergot in common use, both by the mouth and hypodermically, and came to the conclusion that none of them contained all the active principles of the drug. Consequently, for many years I have been in the habit of prescribing twenty or thirty minims of the liquid extract, B. P., in half an ounce of the infusion of ergot, with, in general, the addition of a small quantity of the liquor strychniæ, with fair results; but I have found the American extract, known as "Squibb's Ergot," to be so superior to that of the British Pharmacopœia, that I now rely almost entirely on it.

Ergot is a drug most uncertain in its action in these cases, and in the effects it produces. In some it causes pain, and when it does, it always, I think, lessens uterine hemorrhage, the pain being evidently due to the clonic contraction of the muscular fibres. But sometimes the same dose of the same preparation which caused the pain previously, does not do so on another occasion, though, as far as we can judge, no change has taken

place in the patient's condition. I am inclined to the opinion that ergot will not produce clonic contraction of the uterine fibres, unless something acting as a foreign body be present in the uterus.

I may here point out that it is very doubtful if ergot ever originates clonic contractions of the uterus during pregnancy, unless the organ is prepared from some preëxisting cause to expel its contents. When engaged formerly in midwifery practice, I was in the habit of frequently prescribing ergot as a preventive to *post-partum* hæmorrhage, commencing its administration a week or ten days before the expected advent of labor, and never once had I reason to suppose that it hastened that event; on the contrary, in several, the period of utero-gestation seemed to be lengthened. In like manner, in cases of threatened abortion, I have seen the hæmorrhage checked, and pregnancy proceed normally under the administration of ergot; it seemed, indeed, to act as a uterine tonic, if such an expression be admissible. In others, and perhaps the majority, it seemed to produce no effect at all; in a few it induced clonic spasms, but in these there was always reason to think that the ovum was already blighted.

In cases of uterine fibroids, ergot will, in general, be found to act most beneficially in lessening hæmorrhage, when the tumor is imbedded in the muscular tissue, and that as thinning of the wall takes place, and as the tumor consequently comes in closer contact with the uterine mucous membrane, the result of its administration will be less satisfactory; but, in all cases, much will depend on the preparation used, and its freshness.

Permanganate of potassium, much lauded as an emmenagogue, I have prescribed extensively, and always without result.

With respect to the action of medicines in arresting hemorrhage where malignant disease of the uterus exists, I have little to say; none can be relied on. I have sometimes thought that the exhibition of Chian turpentine, as recommended by Dr. Clay, did good in this respect, but further experience has lessened my faith in it. Tincture of the perchloride of iron, in full doses, also sometimes is useful, but, at best, any good done is but transitory. —*Medical Press and Circular.*

CASE OF SO-CALLED SPONTANEOUS COMBUSTION.—(Dr. J. M. Booth in *British Medical Journal*.) The term "spontaneous combustion" has been applied to two conditions: First, spontaneous ignitibility, and secondly, increased combustibility; and I need hardly say that it is to the second category that the present case belongs. As Dr. Ogston remarks on these cases, the subjects were all found dead, their bodies, their clothes, and the articles in their neighborhood being partially or entirely destroyed by fire, the only remarkable thing about them being that the bodies were burnt and charred out of all proportion to the neighboring objects, and to an extent which seems incapable of being ac-

counted for by heat of burning clothes and objects in the vicinity.

On the morning of Sunday, Feb. 19, I was sent for to examine the remains of a man, A. M., aged 65, which were found in a hay loft. This man, a pensioner, of notoriously intemperate habits, had been seen at 9 o'clock the night before to enter the stable below in an intoxicated condition, and he asked the lad and girl who saw him to shut the stable-door after him, which they did. Then they heard him ascend the ladder leading to the loft above, and afterwards saw the skylight of the loft lighted, and, later still, the light put out. Between 8 and 9 o'clock next morning, the wife of the proprietor of the stable, living near by, happening to look out of the window, observed smoke issuing from a hole in the roof of the loft. She informed her husband of the fact, and he, on entering the stable, was horrified to see through a hole in the loft floor, the remains of the old soldier perched on the joists above, and leaning against the wall.

The police were at once communicated with, and I was sent for to attest the accident. I found the charred remains of the man reclining against the stone wall, and kept only by one of the joists and the burnt remnant of the flooring from falling through into the stable beneath. What struck me, especially, at first sight, was the fact that, notwithstanding the presence of abundant combustible material around, such as hay and wood, the main effects of combustion were limited to the corpse, and only a small piece of the adjacent flooring and the woodwork immediately above the man's head had suffered. Several of the slates had fallen in over the corpse, making a small hole in the roof above it, and a small piece of the flooring immediately around him had fallen through into the stable below, leaving the hole through which he had been first seen. The body was almost a cinder, yet retained the form of the face and figure so well that those who had known him in life could readily recognize him. Both hands and the right foot had been burnt off, and had fallen through the floor into the stable below, among the ashes, and the charred and calcined ends of the right radius and ulna, the left humerus, and the right tibia and fibula were exposed to view. The hair and scalp were burnt off the forehead, exposing the bare and calcined skull. The tissues of the face were represented by a greasy cinder, retaining the cast of the features, and the incinerated mustache still gave the wonted military expression to the old soldier. The soft tissues were almost entirely consumed, more especially on the posterior surface of the body, where the clothes were destroyed, and the posterior surfaces of the femora, innominate bones and ribs exposed to view. This was, doubtless, in a measure, caused by the falling of the slates on the body, and a more perfect cinder would have been found had we arrived earlier on the scene. Part of the trousers on the anterior aspect of the legs, that had escaped the impact of the slates, was still represented in the cinder.



Regarding the condition of the internal organs, I much regretted having been denied the opportunity of investigating their condition, as wishing to have a photograph taken of the remains prevented me at the time, and on my return from other work, later on, I found that the whole had been removed. The bearers told me that the whole body had collapsed when they had tried to move it *en masse*. From the comfortably recumbent attitude of the body, it was evident that there had been no death struggle, and that, stupefied with all the whiskey within, and the smoke without, the man had expired without suffering, the body burning away quietly all the time.

So much for the condition of the corpse. That strange fact remains, that while around about, in close proximity, were dry woodwork, and hay loose in bundles, these had escaped, and the body of the man was thoroughly incinerated.

That increased combustibility does exist cannot be determined, though, at first sight, it is not so clear to what it owes its existence. In the doctrine that increased combustibility in bodies is due to excess of fat, Dupuytren has advanced the only explanation capable of setting the subject at rest, and, on a true basis, explaining rationally and philosophically the cases of so-called "spontaneous combustion."

When we consider the amount of fat some bodies contain, the subject grows even clearer, and a review of the case demonstrates that the incineration is always most extensive in the skin and subcutaneous adipose tissue, and other places where fat is abundant, and least marked in organs and regions with less fat. The fatty degeneration of various organs and structures, the intermuscular and subcutaneous adipose tissue, along with the masses deposited on other parts of the body, all present a body of oleaginous matter, amply sufficient to account for the combustion, and which, when once ignited, would tend rather to burn *in situ* than to flow out, thus explaining the greater destruction of the corpse than of objects in the vicinity.

Regarding the influence of alcoholic indulgence in these cases, it has been conclusively proved that tissues soaked in alcohol do not burn more readily than others not so treated, and it is only as a stupefying agent, and in its tending to the disposition of fat in the body, that alcohol aids in increasing its combustibility.

DIPHTHERIA.—Hoyer (*Memorabilien*, 1888, 129) defines his views on the nature of diphtheria, and describes his method of treating it. Considering it to be a disease produced by a micro-organism invading the tonsil whose epithelium is lost, he devotes his attention to the preventing of this invasion, or to the destruction of the bacteria which have already attacked the tonsil. For this purpose he paints the tonsil with a solution of 30 parts of gallic acid, 60 parts of distilled water, and 10 parts of glycerine. A brush of fine bristles is employed, and considerable pressure ex-

exercised against the diphtheritic membrane. He carries out this procedure three times in succession, repeats it every six or eight hours, and continues the treatment until the diphtheritic membrane has disappeared. He prescribes also a gargle of one part of chlorine water, and three parts of the distilled water, to be used several times between the applications to the throat. The same mixture is to be injected into the nose in case of malignant diphtheria. Persons who are in attendance upon patients with the disease should also use a gargle of the same nature. The author declares that he cannot say sufficient in praise of gallic acid for the purpose indicated. It renders the putrefactive bacteria innocuous, hinders their growth and increase by its astringent action on the tonsils, protects against their absorption, and by the same action loosens the deposition upon them. It is also entirely uninjurious to the patients.—*Am. Jour. Med. Sc.*

**MIXED ANÆSTHESIA.**—Obalinski, of Cracow, speaks highly of anæsthesia induced by a combination of chloroform and cocaine. He maintains that when anæsthesia is induced by chloroform it can be kept up by the administration of cocaine. The following is the method followed: After giving chloroform for a few minutes, until commencing general anæsthesia is noticed, a quantity of cocaine, varying from three-fourths to one grain, is injected into the tissues that are to be operated on. After the injection of the cocaine, no further chloroform is administered. After this method of anæsthesia, such operations as amputation of the leg and thigh, and herniotomy, have been performed. It is claimed for this mixed anæsthesia that that it is less dangerous than either pure chloroform or a mixture of chloroform and ether. Obalinski followed the above method in twenty-four cases, and always with satisfactory results.—*Montreal Medical Journal*.

**DURING ANÆSTHESIA,** if respiration stops, Dr. H. A. Hare, of the University of Pennsylvania, has found that in man and in the lower animals, the free use of ether poured on the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements.—*Practice*.

**GLYCERIN EMEMATA IN CONSTIPATION.**—Subbotic (*Centralbl. f. Gynäkol.*) has found that when glycerin enemata fail to produce satisfactory evacuation of the bowels, the failure is due to an empty rectum. Glycerin purges by stimulating to increase secretion only in that part of the bowels with which it comes in contact. Sufficient irritation is not produced in an empty rectum to cause the downward passage of the fæces from the upper portion of the bowels. When the rectum is full, the action is prompt and efficient.—*Polyclinic*.

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## THE ALBANY MEDICAL ANNALS.

The ALBANY MEDICAL ANNALS appears in its tenth year in single-column page of size uniform with that of its volumes previous to 1888. Our double-column pages for the year 1888, while pleasing in appearance, were objected to by contributors who desired reprints of their articles, on the ground that the full-sized page was awkwardly large for reprints, and that when the page was re-formed for reprints in single column 16mo size, the book was inconveniently small for binding. An ophthalmological friend said, further, that the wider single column causes less frequent lateral motion of the eye in reading, and is easier on that account.

The printer says that the type we now use is an improvement over what we have used for nine years, and thinks that our readers will be very quick to notice it.

The ANNALS is published, as last year, by the Albany Medical Library and Journal Association. The active publishing committee is increased by two names, Dr. W. J. Nellis (A. M. C., '79) and Dr. W. G. McDonald (A. M. C., '87), although every member of the association is considered a collaborator.

The activity of President Cook of our county medical society insures a supply of new and original material from Albany county. Other contributors are engaged for 1889, among the alumni of the Albany Medical College and elsewhere, outside of our geographical vicinity.

## BOOK NOTICES.

- I. THE PEDIGREE OF DISEASE, By Jonathan Hutchinson, F R S.  
 II. COMMON DISEASES OF THE SKIN, by Robert M Simon, M.D.  
 III. VARIETIES AND TREATMENT OF BRONCHITIS, by Dr. Ferrand. Wood's Medical and Surgical Monographs, 8vo, published monthly, \$10 a year; single copies, \$1 00.

Ten years ago Messrs William Wood & Co. issued the first set of the "Library of Standard Authors," which has provided the profession with much valuable medical literature at a nominal cost. They have now entered into another enterprise, having for its object the publication of Monographs, both by authors in this country and abroad. Especial attention will be paid to the translation of recent German and French writings, thereby making available for all, that which heretofore has been the property of the few. At the end of the year a general index of the volumes will be published. The scheme will commend itself to all.

The first number comes to us as a well-printed and neatly-bound volume of 259 pages, containing a series of chemical didactic lectures by Mr. Hutchinson and Drs. Simon and Ferrand.

Mr. Hutchinson, in a series of lectures delivered at the Royal College of Surgeons, called particular attention to those general conditions which, in recent days, are sadly neglected—temperament, idiosyncrasy, and diathesis. Our fathers in medicine, less occupied than we with pathology and bacteriology, devoted more time to the study of temperament and diathesis, not without advantage to their patients.

Dr. Simon has written entertainingly. The chapters on the treatment of eczema and ringworm are valuable.

The Varieties and Treatment of Bronchitis, by Dr. Ferrand, is a translation from the French, containing much that can be read with profit. However, we do not see the advantage of so great a number of classes based rather upon etiological than upon pathological grounds, nor can we be led to believe in the applicability of depletants in the treatment of bronchitis.

MAC

HEADACHE, NEURALGIA, SLEEP AND ITS DERANGEMENTS, AND SPINAL IRRITATION. By J. Leonard Corning, M.A., M.D., Consultant in Nervous Diseases to St. Francis Hospital, etc. Octavo, nearly 300 pages, \$2.75. New York: E. B. Treat, 771 Broadway.

Dr. Corning is known as a brilliant and indefatigable laborer in neurology. His contributions to neuro-therapeutics are among the

most practical and suggestive additions which have been recorded during recent years. In all matters involving the treatment of pain Dr. Corning is an acknowledged authority, and the precepts which he inculcates are alike worthy of the physiologist and the accomplished physician.

**MEDICAL JURISPRUDENCE AND TOXICOLOGY.** By John J. Reese, M.D., Professor of Medical Jurisprudence, etc., University of Pennsylvania. Second Edition, revised and enlarged, 646 pages. Price \$3.00. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street.

The experience of the author as a teacher of Legal Medicine for more than a quarter of a century has enabled him to present a carefully prepared condensation of the ponderous works of older masters.

This new volume has important additions on Blood Stains, Suffocation, Ptomaines, Malpractice, etc. Special attention has been bestowed upon the most important poisons. The chapter on Insanity contains all essential medico-legal points.

**FAVORITE PRESCRIPTIONS OF NOTED PRACTITIONERS, WITH NOTES ON TREATMENT.** By B. W. Palmer, A.M., M.D. Enlarged Edition, interleaved. Octavo, 256 pages, \$2.75. New York: E. B. Treat.

Compiled from the published writings or unpublished records of Drs Fordyce Barker, Roberts Bartholow, Samuel D Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis, F. J. Bumstead, T. G. Thomas, H. C. Wood, William Goodell, A. Jacobi, J. M. Fothergill, N. S. Davis, J. Marion-Sims, William H. Byford, L. A. Duhring, E. O. Janeway, J. M. Da Costa, J. Solis-Cohen, Meredith Clymer, J. Lewis Smith, W. H. Thomson, C. E. Brown-Sequard, M. E. Pallen, George H. Fox, W. A. Hammond, E. C. Spitzka, etc., etc.

**DISEASES OF THE KIDNEYS.** By Dujardin-Beaumetz, M D. Translated by E. P. Hurd, M.D., Newburyport, Mass., from Fifth French Edition The Physicians' Leisure Library Paper, 25 cents. Detroit, Mich: George S Davis, publisher.

Much has been learned of late years as to renal pathology. Scarcely a day will pass when the physician in active practice will not have occasion to make application of some of the principles laid down in this treatise.

#### EXCHANGES, PAMPHLETS, ETC.

##### EXCHANGES.

*Boston Journal of Health*, Boston, Mass. \$1.00 a year.

*The Trained Nurse*. \$1.00 a year. Lakeside Publishing Co., Buffalo, N. Y.

*Occidental Medical Times*, Sacramento, Cal. 56 pages, octavo, monthly, \$2.00 a year.

*The Maritime Medical News*, Halifax, N. S. Vol. I., No. 2, January, 1889. Bi monthly, 4to, \$1.00 a year.

*The Microcosm*. 16 octavo pages, monthly, 50 cents a year. A. Wilford Hall, Ph.D., LL.D., editor, 23 Park Row, New York city.

*The Canadian Practitioner* for 1889 will be published semi-monthly, instead of monthly. It claims to be the leading medical journal in the Dominion. Price, as formerly, \$3.00 a year in advance. J. E. Bryant & Co., publishers, Toronto.

*L'Électrothérapie*. Journal d'électricité médicale. Dr. Léon Danion. Avec la collaboration de MM. J. Athans, Loudres; Bernhart, Berlin; Dubois, Berne; Ladame, Genève; Onimus, Paris; Virgilio-Machado, Lisbonne; Vizioli, Naples; de Watteville, Loudres; Weiss, Vienne; William F. Hutchinson, La Providence (E.—U.). Prix de l'abonnement, 15 fr. 11, Rue de Mogador, Paris.

## PAMPHLETS.

Naso-Pharyngeal Fibromata. By E. Fletcher Ingalls, A.M., M.D., Chicago. Reprint *Journal of the American Medical Association*.

Placental Development. By Henry O. Marcy, A.M., M.D., LL.D., Boston. Reprint Proceedings Ninth International Medical Congress, Vol. V.

The Climate of the Southern Appalachians. By Henry O. Marcy, A.M., M.D., LL.D., Boston. Reprint Proceedings Ninth International Medical Congress, Vol. V.

The Histological and Surgical Treatment of Uterine Myxoma. By Henry O. Marcy, A.M., M.D., LL.D., Boston. Reprint Proceedings Ninth International Medical Congress, Vol. V.

Ultima Progressi nella Terapia della Pertosse. Dott. Cav. Giuseppe Somma. Estratto dall' *Archivio di Patologia Infantile*. Napoli, Tipographia dell'Unione, S. Antonio a Tarsia, 19, 1888.

## MISCELLANEOUS.

"Don't Forget It" Calendar. Secure a copy by forwarding 6 cents in stamps to E. B. Treat, 771 Broadway, New York.

Medical Bulletin Visiting List. 70 patients monthly or weekly, \$1.25; 105 patients monthly or weekly, \$1.50. The necessity of rewriting the names of patients every week is obviated, as the arrangement of half-pages requires the transfer of names only once a month. F. A. Davis, 1231 Filbert street, Philadelphia.

MEDICAL ANNUAL.—E. B. Treat, publisher, 771 Broadway, New York, will publish, early in 1889, the seventh annual issue of the English "Medical Annual," a *résumé* in dictionary form, of new remedies and new treatment that have come to the knowledge of the medical profession throughout the world during 1888. The forthcoming volume will include articles or departments edited by Sir Morrell Mackenzie, M.D. (Laryngology), London; Jonathan Hutchinson, Jr., M.D. (Genito-Urinary Diseases), London; J. W. Taylor, M.D. (Gynecology), Birmingham; William Lang, M.D. (Ophthalmologist), London; James R. Leaming, M.D. (Heart and Lungs), New York; Charles L. Dana, M.D. (Neurologist), New York; H. D. Chapin, M.D. (Pediatrics), New York; and others, comprising twenty three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of "The International Medical Annual," and will be an octavo volume of about 600 pages; price \$2.75. Issued simultaneously in London and New York.

## MEDICAL NEWS.

### MORTALITY OF THE STATE FOR NOVEMBER.

During the month of November there were received by the State Board of Health and published in the Monthly Bulletin the report of 6,987 deaths, the smallest number for any month of this year. The annual death-rate per 1,000 population of all reporting localities was 17.80, the report coming from about 4,700,000 population. In October it was 18.90. The death-rate of the cities, together with about 100 of the larger villages and towns, is 20.80. The percentage of deaths under five years of age was 30.20; in October it was 32, and in September 45.90. Zymotic Diseases caused 17.34 per cent. of the total mortality; in October they caused 19.63 per cent., and in November, 1887, 20 per cent. There is a notable diminution in the death-rate of typhoid fever and also of whooping-cough. Scarlet fever shows an increase, and so, also, to a marked degree does diphtheria, which, until October, had been steadily decreasing. It is, however, less prevalent than a year ago, having caused 7.68 per cent. of all deaths in November, 1888, and 11.56 in November, 1887. Twelve deaths occurred from small-pox, all but one of which was reported from Buffalo, and that one from Albany. A case of it has recently been reported from Troy, and mild, abortive cases from Fort Edward. Consumption caused 12.75 per cent. of all deaths, which is less than in the preceding month; and 18.30 per cent. of deaths above five years of age.

The annual death-rate per 1,000

population in Albany was	18.40;	per cent. of zymotic diseases,	20.00
New York	21.00;	"	18.44
Brooklyn,	19.67;	"	19.75
Syracuse,	13.65;	"	22.15
Buffalo,	15.65;	"	22.10
Schenectady,	10.80;	"	11.10
Utica,	22.05;	"	16.20
Binghamton,	16.00;	"	7.50
Rochester,	13.86;	"	12.65
Troy,	23.50;	"	26.88
Kingston,	16.00;	"	35.90
Poughkeepsie,	14.25;	"	16.68
Newburgh,	21.60;	"	23.22

From acute respiratory diseases, such as pneumonia and bronchitis, there is an increase in the proportion of deaths; from other general diseases there is little change. The month is seen to be one of rather unusual salubrity.

### AN ELECTRICAL DUEL—ALTERNATING AND CONTINUOUS CURRENTS.

We have received the following copy of a letter sent to the *New York Tribune* by Harold P. Brown, Electrical Engineer, 201 West 54th street, New York city, December 18, 1888:

*To the Editor of the Tribune:*

Sir—There appeared in the morning journals of the 13th inst. a letter addressed "To the Public," over the signature of "The Westinghouse Electric Company, by George Westinghouse, Jr., President," and inserted in the form of a paid advertisement, attacking not only the conclusions resulting from my recent experiments in Mr. Edison's laboratory, but severely criticising the resultant action of the Medico-Legal Society in recommending the adoption of the alternating current for the execution of criminals. Allow me to deny, emphatically, that I am now or ever have been in the employ of Mr. Edison, or any of the Edison companies.

Ignoring the commercial statements contained in Mr. Westinghouse's advertisement, which are foreign to the one question of interest "to the public," the inaccuracy of which is accounted for by the effect upon Mr. Westinghouse's pecuniary interests of the condemnation of the death-dealing alternating current, the situation is, briefly, this: Mr. Westinghouse asserts that the *alternating is less dangerous* than the continuous current, but has failed to prove it. I, on the contrary, have claimed that the *alternating current is far more dangerous* than the continuous current, and have publicly proved my claims by numerous practical demonstrations, during two of which (in Columbia College) the alternating current people were invited and urged to test the correctness of my experiments, measurements, etc., with their own instruments, which they failed to do.

I am prepared, further, to prove my theory in practice by records of a large number of deaths already caused by the alternating current, and to prove by affidavits and otherwise that this same current has already, in numerous instances, crippled, paralyzed, or otherwise injured for life, a number of men, several of whom are now pensioned by the alternating current interests. Notwithstanding all this, for reasons of a merely selfish commercial nature, Mr. Westinghouse advertises the death-dealing alternating current as less dangerous to life and limb than the continuous current.

I therefore challenge Mr. Westinghouse to meet me in the presence of competent electrical experts, and take through his body the alternating current, while I take through mine a continuous current. The alternating current must not have less than 300 alterations per second (as recommended by the Medico-Legal Society). We will begin with 100 volts, and will gradually increase the pressure 50 volts at a time, I leading with each increase, each contact to be made for five seconds, until either one or the other has cried "Enough," and publicly admits his error. I will warn Mr. Westinghouse, however, that 160 volts alternating current for five seconds has proved fatal in my experiments, and that several men have been killed by the *low-tension* Jablochkoff alternating current.

MEDICAL SOCIETY OF THE COUNTY OF FULTON.—At the annual meeting, January 10, 1889, the following officers were elected: Presi-



dent, Dr. D. V. Still, of Johnstown; vice-president, Dr. M. F. Drury ('87), Broadalbin; treasurer, Dr. Isaac De Zouche ('69), Gloversville; secretary, Dr. P. R. Furbeck, Gloversville; censors, Drs. Eugene Beach and John Edwards, Gloversville, and Dr. R. H. Cameron ('70), Johnstown. Dr. J. K. Thorne ('71) delivered an address on "Medicine as an Art," and Dr. Isaac De Zouche read a paper on "Medical Care of the County Poor."

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### PERSONAL.

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—Dr. G. W. Holding ('84) is located at Stafford, Conn.

—Dr. Fred. Carr ('88), 489 Broadway, Saratoga Springs, N. Y.

—Dr. Clarkson Crosby Schuyler ('75), of Troy, N. Y., was married January 17, 1889, to Miss Chatté Winslow Hartwell, of Plattsburgh, N. Y.

—Dr. Ira Harris, F.S.Sc. ('81), Tripoli, Syria, received the following letter last October :

ADDISON HOUSE, 160, HOLLAND ROAD, }  
KENSINGTON, LONDON, W. }

DEAR SIR—I have much pleasure in inviting you to become a Fellow of the Society of Science, Letters and Art of London. The Council consider you likely to be a useful and valuable member, and will therefore be most happy to receive you. The official forms are enclosed, ready for you to fill in, and if returned at once, you can be admitted on the List of Founders.

Should you decide to take an active interest in the Society, kindly intimate the same, and seek the coöperation of your eligible friends and acquaintances.

I am, Dear Sir,

Yours faithfully,

HENRY V. GOOLD, Bart.,  
*President.*

Dr. Harris returned to the United States last fall on account of his health, and has spent a part of the time since then at his home in Albany. Since his return he has been as far west as Denver, and has been giving lectures there and in other cities, exhibiting stereopticon views of recent photographs taken by himself in Palestine and Syria. An opportunity to hear and see him will be afforded to Albanians in the course of a few weeks, at an entertainment which Dr. Harris will give at the State Street Presbyterian Church.

The doctor last year became a Fellow of the Society of Science, Letters and Art, London, England, and on his return to Syria will meet with the society as a full working member.

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## ASPIRATION OF THE PLEURAL CAVITY, WITH CASES.\*

BY T. K. PERRY, M.D., ALBANY, N. Y.,  
(A. M. C., '75.)

ATTENDING PHYSICIAN TO ST. PETER'S HOSPITAL.

The various histological elements which, by their complex arrangement in tissue structure, form that portion of anatomy known as the pleuræ, have existed, in all probability, since, if not before, the advent of man, in almost the identical condition and relative position of to-day. And it is not unreasonable to suppose that, comparatively, the same agencies, both from within and without, have been at work heretofore, as now, producing acute, sub-acute and chronic inflammatory changes of these parts, with the various sequelæ. At all events, that good old pioneer, Hippocrates, seems to have recognized and described some of these conditions, more particularly the presence of "white and yellow pus," and details the method for detecting and evacuating the same.

It may prove entertaining, if not instructive, to spend a moment rehearsing the past, for it must be remembered that these were the days when auscultation and percussion were not, and, in order to arrive at any thing like positive conclusions, various devices, more or less defective, were adopted—among others a rude structure very closely resembling the scaffold of modern times. To this were attached ropes and pulleys, and the poor unfortunate suspected of trouble in the direction of pleural effusion, having been encased in a sort of netting, was suspended therefrom, head downwards,

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\* Read before the Medical Society of the County of Albany, January 19, 1889.

and while in this position the body was raised an appreciable distance and then allowed to suddenly drop; the examiner, with his ear approximately near the chest-wall, was thus enabled to hear the splash, or, as we call it, the succussion note, and thus the presence of liquid was diagnosticated.

It would almost seem as if the late lamented Mrs. Partington had been a reader of historic medicine, and from such came the inspiration giving rise to the well-known expression "loosening of the heart-strings," for surely if the procedure as detailed above did not loosen heart strings and every thing else, it could not be attributed to the fault of either operation or operator.

We see, then, that accumulation of fluid in the pleural cavity has been known and described from earliest recorded medical history, and, so far as I am aware, no progress was made in the minds of medical generations up to our own time concerning either the cause, quality, progress or method of dealing with these effusions. Even in the early and middle portion of this, the nineteenth, century, such prominent writers as Good, Young, Wood, Watson, Niemeyer, and Aitken, while recognizing both the presence and effects of these accumulations, had, notwithstanding, improved, little, if any, on ancient methods, still relying on calomel, tartar emetic, purgatives and blisters. When the dilemma presented, a trocar filled the bill, and a somewhat crude attempt at drainage and washing out was made. To the French belongs the credit of finally consummating the treatment of these cases so far as the mechanical aspect is concerned, and to Dr. Dieulafoy as an individual. This gentleman, in 1869, presented to the Academy his elaborated and perfected instrument, by which was produced what he described as the "previous vacuum," and to which he ascribed the merit of his invention. This instrument, or some modification, has been in use ever since, and is familiar to you all.

In all this, however, there is nothing new, original or startling; nor do I suppose for a moment that any portion of my paper will prove such; on the contrary, to the gray beards it will prove a veritable "chestnut," but as they form a very small minority in this section of the country, I am led to hope that a fair portion of my hearers will agree with me not only as to the appropriateness of my subject, but as to the conclusions drawn.

To the young practitioner, more especially the beginner, pleurisy is a subject not specially worked up or thought over; it has been placed before him, probably, in no prominent light; it offers no comparison to pneumonia, typhoid

fever, diphtheria, etc.; it offers no shining mark for his prowess and skill. Then, too, it is so easy to understand, so little chance to err in diagnosis, its fatalities so few, its sequelæ not necessarily dangerous. I say this would seem to be the case, judging from my own and the experience of those with whom I have compared notes on the subject. For, as we seem to find it in practice, any thing and every thing which in anywise conforms to what might reasonably be supposed to be a pleuritic affection, from the most ordinary "stitch in the side" to the most excruciating intercostal neuralgia, is diagnosed "pleurisy," and this, too, without any regard apparently for physical signs present. And not only is this true, but it is equally a fact that, given an actual case, the physical signs of an acute pleurisy being all present, there will still occur a period when, owing to various conditions or complications, the most skilled ear, eye and finger will be misled in supposing an amount of fluid present, when, in reality, there is none, or at most but a trifle.

Let me draw a pen picture—one which you will recognize at a glance. You have been there, I have been there, most of us have been there. The patient is very, very sick, and is getting no better. A series of careful examinations have satisfied the attendant that he is dealing with pleurisy and that effusion has resulted. He so expresses himself, and a consultation is agreed upon. The consultant arrives; he is an astute, thoroughly practical, carefully observant practitioner; the diagnosis is concurred in and, of course, aspiration suggested, the friends being informed that the displacement of important organs by the fluid occasions many of the distressing phenomena present. The vacuum is produced, needle inserted, every thing arranged *secundum artem*, and every body on the *qui vive*. The attendant's face lengthens, the consultant's grows anxious, the onlookers apparently grow skeptical, while the poor tell-tale transparent bottle seems actually to blush as it gathers to itself increased emptiness. What has happened? The story is very simple and quickly told. This same pleurisy with effusion, which is so easily studied and learned, and to which, I fear, the student and beginning practitioner give too little heed, has been thought to be present, when, in reality, some other (simulating) morbid condition has presented, and, as a matter of course, the situation becomes embarrassing. Neither patient nor friends must know this, however, and the ingenuity of our art steps in to fill the gap with plausible stories of fluid too thick and viscid to run, or of portions of lymph blocking up needle, etc.

This, as I said before, is no fancy sketch, but an actual pen picture—a personal realization; for on three separate occasions have I been not only an eye-witness, but an interested party, and it is no reflection on any or either gentleman to quote the above, as many a well-known author and worker in the field of physical diagnosis has probably suffered the same experience. It illustrates the fallacy of our art and the wisdom of the proverb, "To err is human," etc.

But to the point; and, now as heretofore, my suggestions are more particularly directed to the young practitioner and beginner. Don't neglect a careful examination of the chest in every case coming before you where there is the slightest suspicion of trouble in that direction; and don't be unduly influenced by all your text-books say, or possibly your lecturer, concerning the prominent landmarks, viz.: flatness of percussion note, absence of all breath sound, absence of fremitus, and displacement of heart. Not that these, one and all, do not exist under most conditions of pleuritic effusion, for they do, and are proper and excellent guides. But the absence of one or more is not by any means a contra-indication, as my own experience abundantly proves.

However, setting aside all these *pros* and *cons*, let me urge the following suggestions: No matter how positive may be the physical signs, do not express a positive opinion or proceed to aspirate without first having introduced the hypodermic needle. It is always with you and ready for instant use; it is very small, punctures quickly and easily, produces almost no pain, and is productive of no hemorrhage, not even the slightest. Moreover, it is an operation that causes no suspense or anxiety to the friends, but, rather, curiosity; and if no fluid be present, no harm can be done, and thus it can be introduced and withdrawn several times at one sitting, if necessary, and a diagnosis established beyond peradventure.

Let me, in illustration of the foregoing, offer the following cases which have been under my personal supervision:

CASE I.—*Peri-Hepatitis (?)*, *Acute Pleurisy of Right Side*; *Recovery*. Mrs. A., an elderly lady of spare habit and rather poor health, was seized with what I believed to be a perihepatic disturbance. At all events, after a severe illness of two weeks well-marked acute pleurisy of right side made its appearance. This was ushered in by severe rigor, elevation of temperature, and well-marked friction sounds. The percussion note, which on this side had been fairly normal, began

to undergo changes, eventually becoming flat, and the indications of fluid seemed beyond doubt. Her condition growing more critical, counsel was called and a comparison of notes made. It was agreed that aspiration was the proper thing, and the needle was introduced. Nothing resulting, it was reintroduced, but negatively. As the patient was somewhat tired and annoyed by these procedures, we desisted for the present and awaited results. The patient slowly but steadily improved, and no further attempt of the kind was ever again made. The percussion note remained dull over affected region for a long time, although other evidence which had existed leading to the supposition of the presence of fluid gradually disappeared.

CASE II.—*Scarlatina Anginosa; Suppurative Pleuritis; Recovery.* Mamie B., a large, stout girl of 12, had suffered from a most severe scarlatina anginosa, and was in desquamative stage when taken with pleuro-pneumonia of left side. Her symptoms in a few days were so grave and the physical signs of effusion so marked that I aspirated, and was much surprised and disappointed to find the fluid purulent and offensive. Removed one quart, and then desisted. Temporary improvement followed, and in four days three pints more were withdrawn. The case having now assumed a surgical aspect, Dr. Vander Veer's aid was summoned, and he promptly resected. The operation was perfect, and the termination of the case satisfactory in the extreme.

CASE III.—*Acute Bronchitis; Pleuro-Pneumonia of Right Side; Hypostatic Pneumonia of Left Base; Death of Patient.* Mr. X., a middle-aged man, very much emaciated and greatly debilitated, having been a sufferer for years from gastro-intestinal troubles, was attacked, after a prolonged exposure to a severe storm, with acute bronchitis. For a week or ten days his symptoms were not especially serious; he was able to be up and about the house, and was, in fact, no more than an average sick man. One afternoon while sitting in his easy chair reading, he was seized with a prolonged rigor, and in a short time a most violent pain made its appearance in his right side. Hot applications were immediately applied to affected part, he was put to bed and given anodynes and necessary medicines and quieted for the night. In the morning a careful examination revealed marked friction sounds over middle and lower right anterior chest, and as well, also, in axillary region. Temperature high, pulse rapid, respirations increased, and every indication of an acute pleurisy. In twenty-four hours matters had very materially increased; there was complete dullness,

even to flatness, on right side ; respiration rapid, considerable dyspnœa and hypostatic pneumonia of left base. Consultation same day, and we were agreed as to presence of fluid, but thought it well, owing to several circumstances, to defer aspiration. Consultation twenty-four hours later. Patient evidently worse and sinking, fluid apparently increased. Resolved to aspirate. Instrument in perfect condition and needle pervious, and introduced without the slightest difficulty. No fluid of any kind obtained, simply a little bloody, frothy serum. Did not reintroduce needle, as patient was very weak and somewhat nervous, and possibly made still more so by his failure to see the fluid which he had been promised would be forthcoming. He died that night. No autopsy was held.

CASE IV.—*Sub-Acute Pleurisy, with Large Effusion ; Recovery.* Mary A., aged about 22, and by occupation a domestic, entered St. Peter's Hospital for treatment. She was an extremely well-proportioned, robust-looking individual, broad shouldered, deep chested and of good ruddy color. She had been complaining some five or six weeks, and had been somewhat irregularly under medical treatment ; was told by different doctors that she had malaria, gastric fever, bronchitis, etc. She ate well, slept well, and, in fact, all bodily functions were quite regularly and normally performed. There was a slight hacking cough, very little expectoration and only an occasional night-sweat. Imagine my surprise, then, when, on making physical examination, the left chest was found filled with fluid, the maximum apex beat of heart being fully two inches to right of sternum. Aspirated at once, and after getting nearly two quarts of clear fluid, desisted, although not by any means emptying the cavity. There was not the slightest trouble following the operation, and I repeated it one week later, removing at this time one quart. With rest, care and appropriate treatment she made an uninterrupted recovery, and was discharged in a few weeks cured.

Here was an instance where one might, without carefully examining the patient, reasonably overlook the actual condition present. Her unusual appearance of good health, freedom from pain, very slight cough, and, in fact, almost no special trouble, would have led most of us in any but the right direction, and only serves to impress more thoroughly the lesson of care and thoroughness in our examinations.

CASE V.—*Acute Pleurisy, with Effusion ; Recovery.* P. M., æt. 43, laborer, entered St. Peter's Hospital for treatment. Gave a history somewhat obscure and altogether unsatisfac-

tory, but it amounted to this, that for three or four weeks he had not been able to work; had a great deal of pain and considerable cough; had had some medical treatment, though for what he did not know. Physical examination showed evident fluid in right chest, and aspiration proved it. Removed about two-thirds of a quart of clear fluid the first time and in one week nearly a quart more. This ended the trouble so far as I know, and he was discharged cured.

CASE VI.—*Sub-Acute Pleurisy, with every evidence of considerable Effusion; none, or but very little obtained by Aspiration; Recovery.* Maggie S., æt. 24, single, domestic, entered St. Peter's Hospital for treatment. She was of spare habit, though appearing to possess average health. Had been complaining for some days of a severe pain in left side, and was coughing and raising a little; suffered from dyspnoea not a little, and had, in fact, all the subjective symptoms of pleurisy. Physical examination elicited flatness at left base, with dullness above; breath sounds were absent, also, at this point, and fremitus very uncertain; maximum apex beat about two inches to right of normal and displaced upward about one-half inch. Used counter-irritants freely, and gave appropriate treatment, but as physical signs did not seem to improve materially, aspirated. Procured from two to three ounces of frothy, bloody serum the first time, and nothing the next. Made no further attempt in this direction, but continued treatment on general principles, and she made a seemingly good recovery. I have no doubt that a thickened pleura with extensive adhesions would have been found to be present could we have looked in on the parts.

CASE VII.—*Acute Pleurisy, with Effusion; Recovery.* Mr. C., æt. 21, by occupation a traveling agent, entered St. Peter's Hospital for treatment. He had led an irregular life for three or four years; had been necessarily exposed to the vicissitudes of wind and weather, but with it all had been moderately temperate, and had never been ill. Present attack began about two weeks before entering hospital, and consisted of chills, fever, loss of appetite and severe pain, mostly in left side; coughed some, had night-sweats, was rather emaciated, and skin sallow. Physical examination showed every indication of effusion, and he was accordingly aspirated. About forty ounces of clear fluid were drawn the first time, about thirty later in the same week, and a pint ten days later on. There was very little difference in the appearance of the fluid at the several times, it being clear and containing very little flocculi. He was discharged cured.



CASE VIII.—*Sub-Acute Pleurisy, with Effusion, Complicating Chronic Bronchitis; Recovery.* M. M., æt. 55, laborer, entered St. Peter's Hospital for treatment. He was a prematurely old, emaciated, stoop-shouldered man, with a decided tendency to left lateral curvature and marked sinking in of right chest. Gave no special history save that of general debility and a severe cough. This latter he had had for months, and it was accompanied with considerable mucopurulent expectoration. Physical examination revealed chronic bronchitis and a general loss of normal vesicular respiration, it being an exaggerated or more nearly bronchovesicular. The lower right chest, however, was the point of most clinical importance and interest: for, while the percussion note was dull, even to flatness, from axillary line to sternal border, the posterior axillary and infra-scapula were more nearly normal. There was at no point entire loss of breath sounds; deep inspiration, revealing very faint vesiculation. Slight fremitus could also be made out, and as the chest on this side was quite sunken, as before remarked, there was, of course no opportunity to observe the bulging which in some cases offers a slight clue. However, diagnosis by exclusion seemed to determine the possibility of fluid, and the hypodermic syringe verified it. By aspiration three pints of clear fluid were removed, from which he experienced marked relief. A second trial some two weeks later gave about one pint, and shortly after this he left the institution. He was, of course, not cured of the cough, but his general condition had improved very much. What the future of the case may have been I have no means of knowing.

This was to me a most interesting case, in that the various landmarks leading to a diagnosis of pleurisy with effusion were very greatly obscured, if not, indeed, actually wanting in one or two points.

CASE IX.—*Sub-Acute Pleurisy, with Large Effusion; Death from Exhaustion.* M. H., æt. 62, laborer, entered St. Peter's Hospital for treatment. Was in very poor health, much emaciated, of pronounced alcoholic tendencies, had every evidence of advanced disease of liver and kidneys, coughed and raised a great deal, and, in fact, was a good clinical subject. Physical examination showed evidences of fluid in right chest, and by aspiration twenty-four ounces were drawn. He was relieved for a time, but eventually required another tapping, and about the same quantity was removed. My service expiring he came under the observation of my successor, who tapped him on two separate occasions, removing the first time sixty-four ounces and the second, eight

ounces. He lived but a few days after last tapping, dying from exhaustion.

CASE X.—*Suppurative Pleuritis Complicating Phthisis; Death ten days after admission.* T. C., æt. 38, laborer, entered St. Peter's Hospital for treatment. The history given by this patient, as compared with the conditions actually present, was most confusing and conflicting. He insisted that he had always enjoyed good health till within the last ten or twelve days; that he had always done laborious work, and kept his end up with his fellow-workmen; had never coughed to any extent; had neither night sweats, hemorrhages nor stomach ailments, and that his present illness began with a severe chill, headache, dizziness and vomiting. Had been steadily growing worse, though still able to sit up, and was being treated at time of admission for "fever and ague." Physical examination showed advanced phthisis of right side, with extensive effusion in pleural cavity. Left chest consolidated at apex and with hypostatic pneumonia of base. His condition was critical at time of first examination, the extremities being cold, the entire body bathed in a cold, clammy sweat, skin over face, neck and chest cyanotic, respiration hurried and shallow and temperature sub-normal. Appropriate treatment was given, and he was quickly aspirated, one quart of most offensive pus being removed. He rallied some during the next two or three days; was again tapped, and with a like result, finally sinking from exhaustion.

The autopsy fully vindicated our diagnosis, the right chest showing over a quart of pus, numerous adhesive bands, and advanced disease of pulmonary tissue. The left chest also showed evidences of old pleurisy, but no effusion. There were abundant evidences, also, of tubercular infiltration.

The curious phase of this case to me was how it could be possible for a person, be he ever so ignorant of things in general, to so far underrate his own physical condition as to tell us the yarn he did, for surely he must have been suffering for months, to say the least. Still, as it was his funeral, he alone had to pay the penalty.

CASE XI.—*Sud-Acute Pleurisy, with Effusion, Empyema Supervening after Second Tapping, Surgical Interference, with Drainage Terminating the Case; Recovery.* T. K., æt. 12, a rather slight, pale-faced, sickly-looking boy, was brought to my office for treatment. His mother said he had been ailing for a month or over and been doctored more or less during that time. He had not been confined to either house or bed during this interval, but had still been too miserable to play

or go to school; had coughed considerably, though with very little expectoration; had night-sweats, loss of appetite and considerable nausea, with vomiting at times. Was told he had incurable lung trouble, and would probably live but a few months. Physical examination revealed a large effusion in left pleural cavity, and aspiration was suggested. Like many another ignorant person she failed to be convinced, saying that she never heard of water accumulating anywhere in the body except around the heart," and therefore the case was allowed to rest. Some two or three weeks later, however, I was summoned to attend this same boy, and this time my suggestions were heeded. I removed by aspiration three pints of clear fluid, and with marked amelioration of all the symptoms. Its reaccumulation in about three weeks necessitated a second tapping, which resulted in one quart, this also being clear. Under regular treatment and a good generous diet he did nicely for a time, but eventually began to lose ground, and it was evident that a large amount of fluid had again collected. A third tapping was done, and I was very much surprised and disappointed to find it purulent, though not offensive. The cavity being thoroughly emptied and the nature of affairs explained, the case was allowed to rest for several days, when, under the surgical guidance of Dr. S. R. Morrow, the cavity was opened and drainage induced. The patient's health had been so long under this strain and drain that for a time there was no appreciable change. Slowly, however, the good effects of iron, cod liver oil, generous diet, out-door air and exercise, and perhaps more than all else continuous irrigation and drainage of cavity, were made manifest, and I think to-night we see our little patient almost recovered.

It would seem from the foregoing that the following conclusions might be considered a fair summary:

*First.* That affections of the pleural membranes are comparatively frequent, a fair proportion showing effusion as one of the results.

*Second.* The recognition of these disturbances is not so easy as might be supposed, and particularly as regards the presence of fluid, as is instanced probably in the experience of most of us; and it should teach us to be rigidly exact in our examinations and particularly careful in our conclusions when dealing with troubles pointing in this direction.

*Third.* When it is evident that fluid is present in any appreciable quantity, evacuation of same should be immediate as possible, that valuable time might not be lost

in the use of counter-irritants, diuretics and alteratives.

*Fourth.* When the character of the fluid has changed after one or more aspirations, or is purulent from the first, there can, of course, be but one recourse—thorough and complete drainage.

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## SURGICAL DRESSINGS FOR PRIVATE PRACTICE.\*

BY A. H. HOADLEY, M.D., NORTHAMPTON, MASS.  
(A. M. C., '86.)

One cannot glance over the doings of a medical society, or, still less, look through the pages of a medical journal, without having brought before him, sometimes in a new garb, more often in the same old clothes, perhaps turned and twisted, but yet the same, some form of antisepsis. We find it woven in every conceivable form and in every imaginary connection. Commencing, as it originally did, in surgery proper, it loses none of its force here, but has spread with even greater power to its sisters, obstetrics and medicine. And so it was with considerable hesitation that I dared to bring before you a subject that flavored at all of the germicide; but where could we touch any point of surgery or medicine and not find ourselves surrounded by its fundamental truths? Like all new scientific discoveries, it has vibrated like a pendulum, from an extreme Listerism on one hand to nihilism on the other, but through ever decreasing arcs, steadied by the power of close and earnest research and practice.

In the choice of any and all surgical dressings, we will find a few cardinal and essential points which present themselves, and any form of dressing which fulfills these requirements would make a good dressing. We may briefly state these points as—

1. All dressings should be aseptic.
  2. Nearly all should be antiseptic.
  3. They should be comfortable to the patient.
  4. They should be absorbent.
  5. They should be easily applied.
  6. They should fulfill the office for which they were applied.
  7. They should be easily obtained and not over costly.
- Let us look at each of these points a little more in detail.

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\* Read before the Hampshire District Medical Society, January 9, 1889.

Of the first and second, it goes without saying, at the present day, that all dressings should be aseptic. When we say that nearly all should be antiseptic, we have in mind for the exceptions such dressings as outside roller bandages, bandages placed underneath plaster-of-Paris dressings, etc. It would perhaps be better to say that all dressings for operations, wounds, ulcers or any abrasion of the surface should be antiseptic either in themselves or in their results; thus an outside muslin bandage applied over absorbent cotton may be antiseptic in action by helping to exclude the germs floating in the air. Nothing need be said regarding the third and fifth points.

Fourth, absorbent dressings are essential to drain away discharges and keep wounds dry and clean.

Sixth, in some cases we need to apply an even pressure, in others a pressure over a certain part; some dressings are designed to give support to a part, and so different dressings must fulfill different purposes.

Seventh, in some cases it might not be important to count the cost in the matter of dressings, but these cases are the refreshing oases in the desert—the pleasant island in the ocean, and in the every-day work and practice the cost must be an important factor.

*Material.*—Nearly all the materials for surgical dressings come from the vegetable kingdom, and the greater part are products of the cotton plant.

*Cotton.*—Cotton as it comes from the mills for domestic purposes is of no value and totally unfit for surgical purposes where wounded surfaces are to be dressed, but answers a very good purpose where simply a padding is required. The crude cotton must be cleansed of all impurities and rendered absorbent, when it comes to us as the very desirable absorbent cotton so much in use. Absorbent cotton is medicated with various antiseptic substances, giving us the sublimated, carbolated, salicylated, borated, and several other forms of cotton which are useful in special cases; but as they add to the expense of an already expensive article, and, as the cotton itself rarely comes in direct contact with the wound, the plain aseptic absorbent cotton answers fully as good a purpose for general surgery.

*Jute.*—Jute, which is also a vegetable fibre, is prepared for surgical dressings, and forms a rather soft, silky material somewhat coarser than cotton. It can be procured in the form of plain, tarred, sublimated and carbolated jute, besides being capable of any other form of medication. Jute is said to be quite hygroscopic, and for this property is of

especial value in some cases, forming a desirable vaginal tampon in cases of chronic uterine or pelvic inflammations.

*Oakum.*—Oakum, which is manufactured by untwisting and picking in pieces tarred rope, might be either made of jute, hemp or flax, according to the kind of ropes used. It may be used as the plain oakum, in which form it is impregnated with tar, and is also supplied in the medicated forms. As an outside dressing for suppurating wounds, to place underneath an amputation stump, or as a packing for the fracture box, it answers a very good purpose, but is coarser than cotton or jute, and can never take their places in the preparation of the more elegant dressings.

Prepared wool, wood-wool, wood-flour, glass-wool, saw-dust, moss, flax, and China grass have all been used as dressings and recommended to the profession.

*Gauze.*—The light and soft cotton fabric known as cheese-cloth or gauze plays quite an important part in the preparations of surgical dressings at the present day. Cheese-cloth can be obtained at the dry-goods stores at prices ranging from four to ten cents per yard. The cheaper grades are filled with specks of foreign matter, which makes them inferior for surgical purposes unless a great deal of time is spent in their preparation, while the best grades are too costly for the raw material and for general use; but whatever grade of cheese-cloth may be employed, it should first be cleansed of all impurities and rendered absorbent by boiling for two hours in a solution of sal-soda ( $\frac{3}{4}$  ss—Oj), after which rinse thoroughly in warm water and boil for another hour in a fresh sal-soda solution of the same strength, rinse again and boil for ten minutes in clear water to remove all trace of the sal-soda, wring out the gauze and dry. This gives an aseptic absorbent gauze. But the manufacturers of surgical dressings prepare a plain absorbent gauze which is clean, very absorbent, and much more satisfactory than the home-made article. It is put up in packages of twenty-five yards each, and can be obtained for five cents per yard.

The preparation of antiseptic gauze is not as much trouble as it would seem, and will amply repay the time spent. I will speak of the preparation of only two forms, the sublimated and the iodoform, which are the ones in general use, although many other different forms are prepared by manufacturers.

*Sublimated.*—Laplace states that, when sublimated dressings are brought in contact with blood and other discharges, an insoluble, nearly inert albuminate of mercury is formed, but that an acid added to the antiseptic solution prevents

this and adds greatly to the germicidal power of the dressing; while other authorities state that albuminate of mercury is by no means inert—on the other hand, is a very potent germicide, and, although insoluble in water, is freely soluble in an excess of albumen.\* Hence, in the formula given the acid may be left out if desired. Then cutting the gauze in lengths of five yards each, roll up loosely and immerse in the sublimate solution for twenty-four hours, when it should be wrung out until it will not drip, and hung in the pure air to dry; when partially dried, but still damp, roll in waxed paper and put in an air-tight jar or can. The sublimate solution can be prepared only in glass or earthen jars, and is made of the following proportions:

Corrosive sublimate,	1 part,	gr. xvj.
Tartaric acid,	5 parts,	gr. lxxx.
Glycerin,	100 "	℥ ij.
Water,	1000 "	ad ℔j.
Eosine,		q. s.

Or for the five yards of gauze in a moderate-sized jar, two pints of the solution will be sufficient to cover the gauze, and we will have the following quantities (see formula above). This gives a 1-1000 solution; the strength may be easily varied by a corresponding change in the amount of corrosive sublimate used. The glycerin gives a softness and pliability to the dressing which we do not get without it. The addition of the eosine, which is the pink aniline pigment, is simply a matter of taste. Just a tint of pink gives a pleasing dressing, and also shows what preparation of gauze we are using. Only a small quantity of a weak solution is necessary.

*Iodoform.*—When desirable, an iodoform gauze may be prepared by saturating the gauze with a solution of the following proportions:

Iodoform,	1 part,	3 ℥j, gr. x.
Ether,	10 parts,	3 xxij.
Alcohol,	40 "	℥ xj.

This will be sufficient to saturate twenty parts of the dressing, and as one yard of gauze will weigh about six ounces (av.), we have the amounts for five yards of gauze (see formula above). This gives a 5 per cent. iodoform gauze; if a 10 per cent. is required, simply double the amount of iodoform used. In preparing the solution, dissolve the iodoform in the ether and gradually add the alcohol. Saturate the gauze with the solution, and expose to the air without wringing out, when the ether and alcohol

\* Boston Medical and Surgical Journal, Jan. 3, 1889.

evaporate, leaving the iodoform in the fibre and meshes of the gauze. It should be kept well protected from light and air.

**FORMS OF DRESSING.—Gauze Strips.**—For a dressing which is to come in direct contact with a wounded surface or the line of incision in an operation wound, nothing will be more satisfactory than a strip of three or four thicknesses of antiseptic gauze dampened and thoroughly dusted with iodoform; or, in a case where the gauze will dry and stick to the wound, boro-glyceride solution or some other form of wet dressing may be used on the gauze.

**Gamgee Pads.**—The soft pads made of absorbent cotton covered by a single layer of antiseptic gauze form one of the most perfect dressings with which I am acquainted. The pads may be made of various shapes and sizes—long, narrow pads to maintain an equal pressure on each side the sutured incision of an operation wound; moderate-sized, thick pads to absorb any extensive discharges, and large, flat pads to prevent the entrance of germs from the air. It is true that the pads are rather costly and require considerable time for their manufacture, but most of you can take the material home and enlist the services of the better half, while a few of us must burn the midnight oil and sing the song of the Gamgee pad. The combings of a material known as China grass are said to form an elastic, silken wool which is very absorbent and at the same time quite inexpensive; it may perhaps be a good substitute for the absorbent cotton for many surgical purposes, especially in the manufacture of pads.

**Roller Bandages.**—For general use bandages of either muslin, gauze or flannel seem to supply every need. This does not include the various forms of plaster and elastic bandages which are looked upon more as surgical appliances than as surgical dressings simple.

**Muslin.**—Old muslin that has been used and washed several times, but which is yet strong and unstained, is better for bandages than new cloth, for the reason that it has been stretched by the use and will apply smoother and retain its place better; but in case old cloth cannot be obtained, the new should be first boiled in a wash-boiler to remove the clay and starch put in to stiffen the goods, and which makes the bandages difficult to apply and hard to pin; the cloth may then be ironed smooth. If unbleached cotton is employed, this boiling will be unnecessary. Very heavy bandages may be made of twilled cotton. If desired, the muslin may be made more certainly aseptic by soaking



in the bichloride solution for twenty-four hours before being cut into bandages; this is perhaps a wise precaution in case of old cloth, but would hardly be deemed necessary with new cloth which has already been boiled for some time.

*Gauze.*—In my own practice, at least, gauze bandages have taken the place of muslin in almost every case where strength is not required. They make a more thoroughly antiseptic dressing, are absorbent, are more comfortable to the patient, more easily applied, and, taken altogether, form a much more elegant dressing. In cases where an even pressure is desired over any part, as in a suppurating bursa of the knee which has already been opened and washed out, a gauze bandage may be wrung out of bichloride solution (1-2000) and applied very tightly and evenly, and will form the first layer for a desirable antiseptic dressing.

*Flannel.*—The principal use of flannel bandages is in ophthalmic practice and to put next the skin before applying splints or plaster dressings, although they are sometimes used to form a support to varicose veins, and in some skin diseases. They are best made of a thin kind of flannel, half wool and half cotton, which is not as uncomfortable as the heavier goods.

General bandages should be five yards in length, but the double spica, breast bandage, and a complete bandage for the hand and fingers, should be longer—from eight to ten yards. They should be of various widths, from three-fourths inch for the finger up to five inches for the breast. The most convenient width for general use being from two and one-half to two and three-fourths inches, two for the hand and head, three for the spica. Eye bandages should be one and one-half inches wide and four yards long.

*Packings.*—The place in surgery where packings are used is not along the line of the most brilliant results, but, nevertheless, cases come to us where we must and do use packings. The hemorrhage resists other treatment and the cavity must be packed. The suppurating gland comes to us ready to be laid open, cleaned and packed. It may be thought best that the old sinus should be stimulated and packed, that portions of necrosed bone should be removed and the wound packed. The process of packing is not a pleasant one either to patient or surgeon, and hence the desideratum in the way of a packing would be (1) one easily introduced, (2) one easily removed, (3) one not irritating, (4) one which is absorbent, (5) one which is antiseptic.

In all packed cavities, excepting those packed for hemorrhage, the process of repair is slow and tedious; not only

the aseptic, but the absorbent and antiseptic dressings, are necessary to keep the cavity dry and the granulations healthy.

Then for packings we have : (1) Gauze, (2) absorbent lint, (3) candle-wicking.

*Gauze.*—Gauze, either iodoform or sublimated, cut in strips of the desired width, forms quite an excellent absorbent packing, but in some cases it is not easy of introduction or removal. In packing small sinuses the end of the probe often passes through the meshes of the gauze unless it is folded several times, and that makes it too large for introduction.

*Absorbent Lint.*—In large cavities, or where stimulation by medicating the packing is desired, as by soaking in balsam of Peru, the absorbent lint forms a most satisfactory packing.

*Candle-Wicking.*—Practically I am not acquainted with the candle-wicking as a form of packing, but it would seem to have many excellent points for some forms of packing. The ideal wicking would be one made from fine absorbent cotton, but the one which we can procure at present is the common wicking of the stores, which is filled with sticks, soiled pieces of cotton, hairs and all sorts of foreign substances, and is so little absorbent that it will float on water for hours. Then, this crude wicking must go through quite a process of preparation before it is fit for use as a surgical dressing. First, it must be freed of all foreign substances by means of hand-picking; then, to render absorbent, boil in the sal-soda solution in the same manner as in preparing absorbent gauze. It may be rendered antiseptic as desired, either by using the sublimate solution or, if iodoformed, using the same proportions of each material as that given in the formula for iodoform gauze.

*Cost of Preparation.*—But will the amount saved by preparing our own antiseptic dressings compensate for the time and labor expended? That depends. For some it would be a decided saving, while for others it might be much cheaper to buy of the manufacturers. Each can decide for himself. The Abain absorbent gauze of the Lister Manufacturing Co. costs five cents per yard. Then—

*Sublimated.*—For 5 yds. plain absorbent gauze, . 25 cts.

“ 2 pts. corrosive sublimate solution (estimated), . . . . . 10 “

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Cost 5 yds. sublimated gauze, 35 cts.

*Iodoform*.—For 5 yds. plain absorbent gauze, . 25 cts.  
 " Iodoform solution (estimated), 55 "

Cost 5 yds. iodoform gauze, . 80 cts.

Of all dressings, taking into account the amount used, the ease of manufacture and the saving in cost, the sublimated gauze prepared from the plain absorbent material of the Lister Manufacturing Co. will be the most satisfactory of home preparations.

## CORRESPONDENCE.

*Editor of Albany Medical Annals :*

In looking over medical "certificates of disability" sent to one of the government departments in Washington. I was appalled by the vagaries of spelling exhibited by our medical brethren. As a remarkable instance of what medical ingenuity can do in this direction, I enclose sixty-two spellings of the word "pterygium," no two of which are alike, and no one is correct. Each of these words was written by a "board" of three graduates in medicine whose names and addresses are appended to the certificate. I consider this collection of words to be a remarkable curiosity in medical literature. Thirty-four of these alleged spellings have already appeared in the *American Journal of Ophthalmology*.

Ptyterigium.	Pterygrum.	Ptirigium.	Terrigeum.
Ptyrigion.	Pteryrigium.	Ptorygium.	Terligium.
Phrygium.	Ptrygium.	Ptrigium.	Terygerum.
Pteerygiam.	Pterygeon.	Ptryrigium.	Teryguim.
Ptyrigium.	Ptergium.	Pterygerum.	Terrigerum.
Purygium.	Ptrevgium.	Ptyrxgium.	Tterygim.
Pteregium.	Ptregyium.	Ptrigeian.	Terrigium.
Ptyregium.	Pterigyum.	Ptrigium.	
Pterygium.	Ptyerigium.	Ptirygium.	<i>Plural Forms.</i>
Ptererygium.	Pterrygium.	Ptergyum.	Pteregumi.
Pterigium.	Pteregyum.	Pteygeum.	Pterygima.
Pteygium.	Ptyregegim.	Ptyurgrum.	Ptegruggle.
Pterrigum.	Pterrigium.	Styrrigium.	Ptrygii.
Ptyrrigim.	Pturigrim.	Sterygium.	Pterrygii.
Pterregium.	Pteryguim.	Turgeum.	Pteregy.
Pterygum.	Ptorygiunn.	Tergeum.	Phrygia.

THOS. FEATHERSTONHAUGH [A. M. C., '77].

## ABSTRACTA.

**THE USE OF ANTIPYRIN IN OBSTETRICS.**—From a paper published in the *Bulletin Général de Thérap.*, by Drs. Auvar and Lefebvre, the following conclusions are drawn (*Therap. Gazette*, Jan. 15, 1889):

*First.*—In certain impressionable women the administration of antipyrin during labor appears to produce considerable reduction in suffering; but this is nearly always very transient, and it is doubtful whether it is the action of the drug or the suggestion resulting from the hypodermic injection.

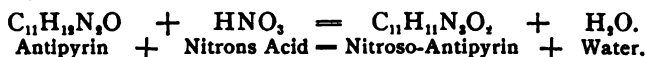
*Second.*—In the majority of cases the action of antipyrin is entirely negative.

*Third.*—Without denying the good results which may be exceptionally produced through the use of this remedy, its action in reducing the pains of labor in this case should be regarded as thoroughly inconstant, and by no means to be compared with chloroform or chloral in obstetrical doses.

DR. TALBOT JONES, of St. Paul, Minn., has employed antipyrin in labor, and attributes (*Northwestern Lancet*, Jan., 1889) its beneficial action to its power to lower reflex irritability, and dull but not abolish sensibility. He has never seen any bad effects from it. He thinks it less potent when given by the rectum, and recommends larger than 30-grain doses. He advises smaller doses to delicate blondes, asserting that they are peculiarly susceptible to it.—*Medical Analectic*.

**ANTIPYRIN IN LARYNGISMUS STRIDULUS.**—Mr. Montague Perceval (*Lancet*, Nov. 17, 1888) states that he has recently treated twenty-four cases of laryngismus stridulus with antipyrin, administering 2 grains every hour. In these cases, with one exception, the paroxysms were arrested; the case where this did not occur, increasing the dose to five grains also served to relieve the dyspnœa. He has used this remedy successfully in cases where an emetic dose of ipecac had failed.

**DANGEROUS ANTIPYRIN COMPOUNDS.**—Antipyrin, when combined with spirits of nitrous ether containing any free nitrous acid, produces a poisonous compound, which may be called nitroso-antipyrin. It is characterized by a greenish color after standing, and care should be taken by physicians not to prescribe them together. The chemical action which occurs is expressed as follows:



From experiments it is also inferred that antipyrin with belladonna makes a dangerous compound, the patients suffering

severely from respiratory oppression, cerebral pressure, sensation of great discomfort and fright. Much care should be exercised in prescribing antipyrin in combination with other remedies until it is better known.—*The Formulary*.

**SULPHONAL.**—Sulphonal attracts considerable attention as a hypnotic. Dr. Julius Schwab refers to fifty cases of the most varied affections in which sulphonal was used. In sixty-six per cent. of these sleep was produced within three hours. In nervous cases the action was even more pronounced, in ninety per cent. of them the indications being successfully fulfilled. Dr. Schwab, consequently, recommends sulphonal as a good hypnotic, especially in cases of nervous insomnia, in doses of from 15 to 30 grains. Where the insomnia is the result of some direct organic distress, its action is more or less uncertain. It is readily taken, on account of its freedom from smell and taste, and does not affect the temperature, pulse or respiration. In febrile affections, and in all cases of weak heart, it is to be guarded against. It is especially suited to children, and the insignificant disturbances which it occasionally produces are not of sufficient importance to be counter-indications for its employment. M. Matthes has employed it in twenty-seven cases, and also confirms the favorable position which the drug has obtained. He recommends that it should be given at least one hour before it is desired that sleep shall be produced.—*Therapeutic Gazette*.

**DANGERS OF SULPHONAL.**—Sulphonal, the now fashionable hypnotic, is the subject of very varied professional opinion. Some extol it, others condemn it. The truth probably lies, as usually happens, between the extreme statements. Sulphonal has a clearly defined usefulness, and belongs not so much to the class of narcotic agents which produce sleep by stupefaction as to the remedies which assist the natural periodical desire for sleep. The new drug is, however, by no means so harmless as has been hitherto asserted by its manufacturers. Dr. Bornemann has just reported a severe case of poisoning resulting from the administration of the drug. The patient, to whom sulphonal was given for insomnia caused by cerebral excitement, was a physician. The result was a pronounced intoxication showing very complicated symptoms. There was a distinct interference of coördination, first in the lower and later in the upper extremities. He could not, for, instance, raise a cup of coffee. A very prominent feature of the poisoning was his perverted feelings and illusions. The patient believed he had two heads, four feet and arms, etc., or believed he was on a boat or in a railway car, and that some one was about to kill him. These illusions may be termed reflectory. The ataxia referred to is a central one, as it remained unchanged no matter whether the eyes were opened or closed. This distinction between central and sensory ataxia has been

made by Prof. Mendel. The drug did not exert any unfavorable influence over the heart and circulation, which appears opposed to the warning of Dr. Schmey not to use sulphonal in angina pectoris and arterio-sclerosis.—*Med. and Surg. Reporter.*

**CHLORAL HYDRATE IN NIGHT-SWEATS.**—Dr. Nicolai (*Gazette Médicale*) has obtained very favorable results from the use of of chloral hydrate in the night-sweats of phthisis. Every night before retiring the entire body of the patient was sponged with the following :

℞ Chloral hydrate, . . . . . 3 ij.  
Alcohol,  
Water, . . . . . āā 3 iij.—M.

Should this not suffice, the patient's night-dress is saturated with this solution, then allowed to dry, and worn.

This mode of treatment also gave excellent results in the night-sweats of children, the results of phthisis. Two or three of these spongings will generally suffice to check a sweating which has persisted for two or three weeks —*Bull. Therapeutique.*

**DIPHTHERIA: ITS SPECIFIC ORIGIN.**—On the discussion which followed a paper by R. W. Parker, M.R.C.S, East London Hospital for Children, on "Moot Points in the Surgical Treatment of Diphtheria," Dr. Ranke, Munich, referred to the researches of his colleague, Dr. Rudolph Emmerich, who had examined bacteriologically not only diphtheritic membranes from the living, but also the different organs of children who had died, immediately after death. He always found a combination of infection. Of seven cases examined immediately after death, he found by Koch's method, in five cases, a very short bacillus always combined with streptococcus or staphylococcus pyogenes aureus. The short bacilli were found not only in the mucous membranes of the larynx, the trachea and the bronchi, but also in the pneumonic infiltrations, wherever such occurred. A few times they were found in blood taken from the head. Histologically he found upon the membrane and in its superficial layers a number of different bacteria, among which was Loeffler's bacillus. On the deeper layers of the mucous membrane were streptococcus or staphylococcus and the short bacillus, not Loefflers; by inoculation with the short bacillus in the mucous membrane of the larynx of rabbits, a true membrane was formed. It was remarked by Ranke as noticeable that in Munich, where typhoid has almost disappeared through the great sanitary reforms which have been introduced within recent years, the diminution of diphtheria is relatively very little. Further, Ranke affirmed that in every instance close examination revealed a case of diphtheria in the same relation to every case of membranous croup. He further remarked that in treatment of tracheotomy he prevented sloughing by iodoform, and used only as an inhalation water vapor.—*Medical Science.*

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## MEDICAL NEWS.

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### MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The eighty-third annual session of the Medical Society of the State of New York was held in Albany from Tuesday to Thursday, February 5 to 7, inclusive.

No meeting of the kind ever held here has been more friendly and pleasant.

There were in attendance about one hundred members and the following officers: President, Dr. Samuel B. Ward, of Albany; vice-president, Dr. A. Walter Suiter, of Herkimer; secretary, Dr. William Manlius Smith, of Syracuse; treasurer, Dr. Charles H. Porter, of Albany.

President Ward called the society to order, and, after prayer by the Rev. Dr. Ecob, said:

GENTLEMEN—I desire first of all to thank you for the great honor you have conferred upon me in asking me to preside over your deliberations at this eighty-third annual session of the Medical Society of the State of New York. As I recall the names on the list of my illustrious predecessors, a deep feeling of the great responsibility of the office rests upon me, and it is only possible to promise that no effort of mine shall be lacking to make the meeting an instructive and interesting one, trusting to your leniency to excuse all shortcomings, and relying on your hearty coöperation, without which no one in this position could succeed.

The most important event to the profession in this country during the past year was the meeting of the Congress of American Physicians at the national capital in September last. The sessions of all the various societies and associations were largely attended by representative men from all over the country; the

presence of many European guests of world-wide reputation added *éclat* to the occasion; the papers read before the various sections in the different specialties which have of late years attained such important positions were of unusual value and merit; the discussions which followed were maintained with zest; the social element was duly regarded in the dinner to foreign guests, the reception by the President of the United States and his wife, and the general entertainment of the Congress in the building of the new Army Medical Museum. Altogether it is no exaggeration to say that this meeting was the most representative and creditable one of our profession that has ever been held in this country.

It seems but right that your attention should be called to the somewhat novel and very disagreeable position in which two of our professional brethren here in Albany have been placed within the past year, as the result of examining a man whose actions had been such as to raise a doubt concerning his mental soundness. It is a matter of no little importance to us all, for any two of us might easily have found ourselves in the same unpleasant predicament. Examination, cautiously and properly conducted, showed the man to be the subject of the delusion that his wife and daughter were conspiring to poison him—a perfectly unfounded suspicion. The usual papers were made out, signed and sworn to, and he was transferred from the jail to the insane asylum. He brought suit through his attorneys to recover his liberty, and the case came before Judge Learned, of the Supreme Court, who virtually decided that no man could be judged insane and sent to an asylum on the certificate of two physicians, in the way usually followed, unless he had shown that he was dangerous to himself or others. Before this court and jury the man was judged sane, though it was shown that he was laboring under delusions. He then commenced action against the Recorder and the two physicians to recover several thousand dollars damages. The defendants put in a demurrer, on the ground that even if all the facts were as stated there was no cause for action, and the demurrer was sustained by Justice Mayham. Appeal being taken to the General Term, a decision handed down last December sustained the demurrer as to the Recorder, on the ground that he was a public official, but overruled it as to the two physicians. It appears, then, that in accordance with the latest decision of the Supreme Court of this state any two of us who express the opinion that a man is insane, on any other ground than that he is dangerous to himself or others, become thereby liable to the annoyance of a suit for damages.

There have long been two opinions in the society as to the propriety of dividing its meetings into sections—medical and surgical—the one party holding that the majority of the members were general practitioners who came here to hear the papers read on all the various subjects of which their isolated positions compelled them to have the latest knowledge, and that if two papers were being read at the same time in different rooms, one of them was necessarily lost. The other side have claimed that by the division into sections more good could be accomplished in the necessarily limited period of the meeting. This year the number of good papers offered was so great that the Business Committee had no choice but to divide the meeting into sections both to-day and to-morrow, as you have probably all learned from the provisional programme.

It would be at times a great convenience if our volume of Transactions contained a list of the ex-officers of the society, with the years of service of each, and it is respectfully suggested that such list be hereafter published each year.



It necessarily becomes the President's melancholy duty to announce to you each year some deaths from among our large number of members. This time the list, fortunately, is not long, the following only needing to be erased from the list of permanent members: Dr. F. R. S. Drake, of New York, died March 11, 1888; Dr. C. R. Agnew, New York, President in 1872, April 18, 1888; Dr. Jacob Hunt, Utica, April 21, 1888; Dr. Harvey Jewett, Canandaigua, President in 1882, September 4, 1888.

To Dr. Jewett, and particularly to Dr. Agnew, the society owes much more than can suitably be expressed at this time. Appropriate record of their eminent services will at the proper time be made.

The only honorary member of whose death during the past year we have received information is Dr. Edwin M. Snow, of Providence, R. I.

Trusting, gentlemen, that each and every one of you may find this meeting both pleasant and profitable, I now announce that the eighty-third session of the society is open for the transaction of its regular business.

The society was then divided into two sections, medical and surgical, and, as usual, many papers were presented of scientific value and of general interest to the profession. Especially noticeable was the paper by Dr. George M. Sternberg on "The Etiology of Croupous Pneumonia," and the demonstration on Tuesday evening by Dr. H. G. Piffard of "Instantaneous Photography" with the magnesium flash-light.

On Tuesday evening President Ward gave a reception to the members of the society at his residence, 135 North Pearl street. Our large-hearted host was assisted in receiving the guests by his sister-in-law, Mrs. Ward, Mrs. Dr. Alfred L. Loomis and Miss Bisland, all of New York, and Mrs. Walter S. Chapin, of this city. About 325 persons were present, including such representative men as Hon. Hamilton Harris, J. Howard King, Gen. Rufus H. King, Hon. A. Lansing, Dudley Olcott, Judge Andrews, Hon. R. W. Peckham, Hon. A. B. Banks, Gen. G. S. Batchelder, Judge George Danforth, Judge Westbrook, Hon. M. Hale, Gen. A. J. Parker, Jr., Chancellor H. R. Pierson, H. R. Pierson, Jr., J. V. L. Pruyn, Dr. A. V. V. Raymond, Gen. Frederick Townsend, Gen. N. M. Curtis, Surgeon George M. Sternberg, U. S. A., and others, eminent in the various professions of law, statecraft, finance, theology, science, etc., in addition to the members of the State Medical Society and of the Medical Society of the County of Albany.

This delightful social gathering added much to the enjoyment of the whole session.

Another innovation was the delivery of the president's address in the afternoon, instead of in the evening as formerly, and the

change of hour for the annual banquet at the Delavan to 7 P. M., instead of 10 o'clock.

Following is President Ward's Anniversary Address :

#### MEDICAL EXPERT TESTIMONY.

GENTLEMEN OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK—The laws of this country and the practice in our criminal courts differ in some fundamental respects and in many details from those existing under other civilized governments. With us the accused man is entitled to and, in a vast majority of cases, secures every possible opportunity for defence. He cannot be compelled to give evidence which would tend in the remotest degree to criminate himself; his wife may not give evidence against him; his physician and his legal adviser are not permitted to divulge any information which they may have received in their respective professional capacities; he himself is always supposed to be innocent until he is proved guilty; and the jury are charged to give the prisoner the benefit of every reasonable doubt. If the accused has means, he can employ what legal counsel he may select; should he be penniless, the court assigns to some lawyer the duty of defending him.

Undoubtedly the practice of having counsel for the defence originated in the manly desire in our race that no injustice should be done to a man ignorant of the law. At the present day it is not considered at all dishonorable for most eminent counsel to espouse the cause of a prisoner whom they know to be guilty; and by carefully concealing evidence of the existence of which they are perfectly aware; by confusing and embarrassing witnesses; by taking advantage of every legal technicality; by the weight of their erudition and personal character; and by their persuasive eloquence with the jury they frequently succeed in making the worse the better cause appear. Their position is far different from the witness on the stand, who is supposed to tell the truth, the whole truth, and nothing but the truth. All this procedure may or may not be in strict accordance with the highest code of morals—may or may not, in the long run, be productive of the greatest good to the greatest number. It is certain that we as medical men have no more interest in it than any other body of reputable citizens.

But in a majority of criminal cases questions arise which no layman can answer—questions about which even members of our profession may differ in opinion; the lawyers on both sides take counsel with the doctors, and the physician called to the stand to express a professional opinion becomes known as a medical expert.

There are other classes of cases, it is true, in which expert evidence becomes necessary, as in determining the strength of material used in constructing a bridge, a ship, or a piece of machinery. But every science is exact just in proportion as mathematics can be applied in working out or demonstrating its results; and, unfortunately for us, with the single exception of errors of refraction, mathematics does not come to our assistance in any degree worth mentioning. The capacity of a piece of Bessemer steel to resist a strain, longitudinal, lateral, or by torsion, is known with perfect accuracy within certain pretty narrow limits; it can be accurately expressed in figures; and it is not possible for truthful experts to make statements concerning it greatly at variance with each other. But the phenomena with which we are called upon to deal are of an entirely dif-

ferent order; can rarely become the subject of experiment; are extremely complex in their nature—so complex that to isolate the component elements and prove how much influence is to be ascribed to each, is, up to the present time, simply impossible; it remains a matter of judgment and opinion. Nor is this condition of things the result of any lack of diligence on our part, or want of native ability on the part of those who have in all the past ages applied their best energies to the study of medicine. It is simply inherent in the complex nature of the problems presented to us for solution. Hence it is that medical experts may honestly differ from each other more widely than those in most other professions.

If, however, questions of law or theology could be submitted to the expert on the stand, as those in medicine are, it would be easy for counsel to procure opinions more radically at variance than those expressed by members of our own profession. The opprobrium cast upon us is, to a certain extent at least, undeserved and unjust. In support of this statement we have only to note how counsel wrangle with each other over many points of law arising in every case that is argued; how the decision of the lower court is on appeal alternately reversed and affirmed in each succeeding higher one until the court of last resort is reached; and how even the highest courts in the land have at different periods rendered decisions incompatible with each other. Or imagine for a moment the divergence of opinion which would become apparent if a Materialist, a Unitarian, a Methodist, and a Roman Catholic were called upon the stand to express their views concerning justification by faith, the divinity of our Saviour, the doctrine of eternal punishment, or even the existence of a future state at all. And yet it is a matter of history that these men have had such profound faith in the eternal righteousness of their convictions that they would rather burn at the stake than abate one iota thereof. We can safely promise entire unanimity of opinion on all points as soon as this blissful state is attained by either the lawyers or the theologians.

The lawyer engaged on one side or the other of a criminal suit finds that medical points are necessarily to be raised, or thinks that they may be raised with advantage to his cause. We all know that almost every important case occurring in our daily practice presents some one or more features that are unusual, are rare, are sometimes almost inexplicable, and criminal cases are no exception to the rule. Counsel therefore looks about for some one of our profession to assist him. He presents his statement to a medical man and finds that his opinion is not of a nature to serve the purpose he has in mind. He goes to another, and another, until finally he finds one who entertains opinions to suit him, or approximating thereto, and this one he engages to appear on the stand as an expert. One defect in the present law is that this man may be subpoenaed to appear in court at an inconvenient hour and distance, to the disappointment of his own patients, to the neglect of any or every other professional engagement, and kept waiting there an indefinite period of time for the paltry remuneration of fifty cents a day and eight cents a mile for travelling expenses. Such instances are, of course, exceedingly rare, and, as a rule, the medical expert is fairly compensated. In some cases the fee is agreed upon beforehand; in a few an effort is made to have it dependent upon the issue of the case—a condition which can not be too strongly reprehended.

I believe that medical men, almost without exception, when they go into a case, fully intend and mentally resolve not to take sides; that they will make every effort when on the stand to live up to their oath and to be as impartial as the judge upon the bench. But even the judge does not always succeed in not taking sides, and the doctor, like the judge, is but human. Moreover, he, unlike the judge, has, in private at least, expressed an opinion, and he certainly wants to see that opinion prevail, primarily because he believes it to be the correct one, secondarily because it is his. In all callings, from religion to politics, every man innately rejoices in convincing others of the correctness of his views. Moreover, the lawyer is, collaterally at least, and in many cases primarily, working to win because his client is paying him. Had he been paid by the prosecution instead of the defence he would have taken an entirely different view of the case. He would not in either event tell an untruth; but he would under different circumstances attach very different values to the same item in evidence; would entertain very different opinions as to the credibility of witnesses; would cite another set of authorities and of precedents; would express to the jury an exactly opposite opinion, and call upon them as good men and true to render a diametrically opposite verdict. The unfortunate medical expert is also human, subject to like temptations and influences as other men. He knows the public puts him on a different plane from the counsel, and expects him to tell what he believes to be the exact truth, no matter whom it may help or hurt. But then, there are many points about which a man may be in doubt; about which he may entertain one belief at one time in his life and another at another—I had almost said that he may believe as he chooses to believe—points that are not matters of fact, capable of demonstration, but absolutely and wholly matters of opinion. And he knows that as the case now stands the side from which he accepts payment expects him to believe and express opinions tending in a certain direction.

Moreover, it is certainly true that there are a few men in our profession who entertain opinions differing widely from those of the large majority. These opinions, expressed in private conversation or in medical meetings, result in very little harm, because they are estimated at once at their true value. But the holders of such opinions are precisely the men whom the counsel in a desperate case is desirous of retaining. By them he can show to the jury how uncertain and divergent medical opinions are, and throw doubt upon the reliability of the evidence produced by the other side. For instance, in a rural community I have heard a physician, whose fine personal appearance, army experience, large and successful private practice, and gray hairs gave weight in the minds of the jury to every word he uttered—every man on the jury knew him by sight and reputation, and a majority of them personally—I have heard this physician say that, in his opinion, "any man who used any splint in the treatment of any form of fracture was guilty of malpractice." Such monumental nonsense as this, is, of course, very rare; but the incident serves well to illustrate the abuses to which the present system of obtaining and using expert evidence is liable.

The physician selected as an expert considers his case carefully; he reads up the various authorities, paying, of course, considerable attention to those whose views agree with his own, and mentally remarking what sensible men they were, while the impression formed of those who differ from him is not nearly so complimentary. He looks up the records of similar cases in medical journals, and

finally goes on the stand well prepared to answer truthfully the questions previously arranged to be asked him on the direct examination. During this investigation of the case it is sometimes curious to observe how the expert's opinions will become strengthened in the direction of the side which he has espoused. Without any real additional arguments having been brought to light he will incline to give more and more weight to facts which seem to favor his view, and become more and more inclined to make light of, or even to ridicule, facts or opinions which militate against him. He often ends by being honestly persuaded that there ought to be no manner of doubt on points which are in reality very doubtful and which at the outset he willingly admitted so to be.

When the expert goes on the stand he is first questioned by the lawyer on whose behalf he appears. The questions are hypothetical ones, supposed to be based on the facts proven on the trial. As a rule this is fairly done, and the expert has no difficulty in giving honest, straightforward answers.

The direct examination completed, the counsel for the other side takes the expert in hand and his trials begin. In some cases, in the majority of cases perhaps, he receives perfectly fair treatment. The cross-examiner simply endeavors to bring out all the weak points in his view of the case, to show how very weak they may be; that they are matters of opinion and not of fact; that other honest men may take a different view of the case, and that an entirely different theory may not be wholly without foundation. Even though the treatment he receives be perfectly courteous the ordeal is a trying and disagreeable one. While he is honest and frank in his answers he must be very cautious in the wording employed, resting assured that every slip will be taken advantage of, and every response stretched to its utmost limit of construction, even if it be not entirely twisted out of its original meaning, when the case comes to be summed up before the jury.

At other times, and especially if the counsel is conscious of having a bad case, the expert may be treated very differently. Instead of its being assumed that he is a gentleman who has taken the stand for the sole purpose of giving information of a technical character and telling the exact truth, it is assumed that he is there for the purpose of aiding the side which called him, and sometimes it appears to be further assumed that he is scarcely hampered by the ownership of a conscience; he is treated as though it was known that he was lying, and every effort must be made to catch him at it. Questions are asked which cannot be answered truthfully without conveying an entirely erroneous impression to the jury; a categorical answer is insisted upon, when such an answer without an explanation is virtually a falsehood; questions are asked which are capable of several different subsequent explanations; others which have, in the form in which they are put, absolutely no meaning at all. On one occasion I recollect a lawyer's laboriously going over all the organs and tissues of the body from the scalp to the toe-nails, and being informed by the medical expert that, in his opinion, no one of the organs was the subject of pathological change. He then inquired if this man was sound from head to foot what ground he had to claim damages. The answer was that the functions of the nervous centres were so deranged as to prevent the claimant from pursuing his vocation and supporting his family. The expert was then requested to state to the intelligent jury precisely where these "functions" were located and what they looked like. By this time the expert

was so thoroughly annoyed, angry, and disgusted that he declined, for the moment, to answer any more "stupid" questions—and woe betide the expert who for a single moment loses his temper.

Sometimes the "stupid" questions are put for the very purpose which was reached in the instance quoted, of confusing, annoying, and angering the expert, or of catching him in apparent contradictions, the explanation of which, to the average layman on the jury, is always tedious and often impossible. At other times the questions are not intentionally "stupid," but are so simply by reason of a lack of medical knowledge on the part of the counsel propounding them. Your president last year, in his inaugural address, speaking of medical experts, said: "Their testimony is often of little value, on both the direct and cross-examination, from the fact that the questions which they are called upon to answer are formulated by lawyers who have little medical knowledge; or if, as sometimes happens, a physician is employed to assist a lawyer, the lawyer not understanding the real import of the questions which his Mentor may suggest, perplexes the witness, and too often places his assistant in an undignified position, so that medical-expert testimony often disgraces our profession." When a lawyer is asking questions prepared for him by his medical expert for use in the examination, it is not uncommon to see a well-laid train of reasoning entirely destroyed by a single unexpected answer, when, in point of fact, the answer given is more favorable to his view than his medical friend had dared to expect or hope for. and the only trouble is that the counsel, not knowing enough of medicine to take advantage of it, abandons his argument just when success is within his grasp.

While medical experts are, as a rule, men of large experience in the practice of their profession, each of them must, on some occasion, have gone on the stand for the first time. The position is then to him novel and embarrassing. He is unfamiliar with the rules of the court, the audience is a strange one, and the counsel is not averse, if it suits his purpose, to take advantage of these circumstances. Sometimes the lawyer will undertake the process of brow-beating the witness, repeatedly reminding him that he is under oath; cautioning him to be careful about his statements; gesticulating violently; and sometimes succeeds in getting the young man, if he is at all bashful, in such a condition of mind that it is impossible for him to recollect facts with which he is perfectly familiar, or to couch his answers in appropriate language. A favorite device with some is to ask the expert concerning all the possibilities of the case, not taking at all into account the probabilities. The timid expert is, perhaps, unwilling to admit a possibility, fearing that his admission will be afterward misrepresented to the jury as expressing his opinion of what was a probability. Under such circumstances I have repeatedly heard good, honest, careful men deny the possibility of an occurrence which, in their cooler moments, and when they did not fear that their meaning would be misinterpreted and misapplied, they would freely admit. Indeed, since it is a matter of record that an iron tamping-rod, five feet long and three-quarters of an inch in diameter, has passed vertically through a man's skull, scattering his brain more or less extensively over a forty-acre lot, the patient living more than twenty-five years afterward, and the accident resulting in no great permanent disability other than the loss of sight of one eye, it is difficult to swear that anything is impossible; and yet an infinity of possibilities are not in the slightest degree probable.

One of the most unfortunate results of this condition of things is, that it is frequently impossible to get the most substantial and reliable men among us to go on the stand under any circumstances, or for any consideration, and their places are sometimes taken by ambitious men, with more assurance than mental balance or experience, who see an easy way of attaining a notoriety which they mistake for well-founded fame, and whose main object is to be on the winning side, if that end can be obtained without stretching their consciences beyond the breaking-point.

If the present system of obtaining medical expert evidence resulted simply in the annoyance occasioned to medical men, or the disgrace brought upon the profession by an apparent or real difference of opinion expressed on the stand, there would be great cause for complaint on our part, though we could not expect much sympathy from others. But it is respectfully submitted that, above and beyond this, the present system does not tend to bring out the truth in the shortest and clearest manner; in fact, in many instances is believed to have resulted in a miscarriage of justice. Almost any lawyer of large experience in the conduct of criminal cases will tell you that he has been sometimes ashamed of the use which he has made of expert testimony, or else will gleefully chuckle over it. This matter was brought to the attention of this Society as long ago as 1879, when, in his anniversary address, Dr. Roosa so eloquently spoke of the evils attendant upon the present system.

Many remedies have been proposed, but up to the present time no action has been taken toward applying them. Dr. Loomis last year proposed that the questions to the expert should be framed by a medical man employed or appointed for that purpose. This would undoubtedly help matters to a certain extent, but would, after all, fall far short of accomplishing all that might be wished for.

A well-known judge of the Supreme Court has suggested that in each judicial district, a physician of eminence should be appointed by the court, whose duty it would be to appear as expert in every case where his services were required. This man would, upon the stand, be free from all the bias which arises from the fact that he is paid by one side or the other, and a great advantage would, without doubt, be gained. But he would be subjected to all the annoyances and vexations of the examination, and the plan would be manifestly impracticable on account of the varied acquirements demanded of the expert in different classes of cases. The same man can scarcely be expected to be an expert in chemistry, surgery, medicine, and obstetrics, and, while the expert would be free from partiality toward either side, his evidence would probably be entirely satisfactory in only some one class of cases. Moreover, there are few medical men who would be willing to be placed in a position where the expression of their individual opinion virtually results in the imprisonment of a fellow-being for a term of years, or launches him into eternity. It is scarcely probable, again, that this plan would meet with the approbation of the legal profession, who would, naturally, desire that the views of each side should be presented in their best light.

In most cases where medical expert evidence is required, at least two physicians are called to the stand, and in many cases a half-dozen. The remedy which we would suggest would be that, under such circumstances, a board of three experts should be appointed by the court; one on the suggestion of the counsel for the defence, one nominated by the counsel for the prosecution, and a third by the

court itself ; that these experts should be paid by the court and the charge divided equally between the two sides; that to this board of experts should be submitted in writing the questions involving medical matters ; that the answers should be submitted in writing and sworn to, and that medical witnesses should not be required to go upon the stand. In the event of the failure of the board to entirely agree, a minority report might be admitted, and if each side desired to be represented by two or three experts instead of a single one, there would be no objection to such a course.

The adoption of this method would certainly result in obtaining from medical experts, opinions free from the bias which arises from the expectation of pecuniary reward from either side, the unseemly antagonisms between the expert on the stand and the cross-examining counsel would be avoided, and the ends of justice be more speedily and surely attained.

President Ward has long been famous as a toastmaster, and in his *rôle* as presiding officer at the Wednesday evening banquet he was in his natural element. Toasts were responded to by Dr. Francis Bacon, of New Haven, Conn.; Dr. Woodhall, vice-president of Vermont State Medical Society; Senator Pierce, of Brooklyn; Harrison E. Webster, M.D., LL.D., president of Union University; District Attorney Reilly; Judge Huntington, of Pulaski; W. M. Spier, Esq., Dr. A. Jacobi, Dr. A. Vander Veer and Dr. C. H. Porter. Senator Pierce, who was at his best, was called upon to relate war experiences, which he did in several amusing anecdotes.

By holding the banquet at an early hour the doctors set their patients a good example of early hours, and by twelve o'clock the guests had all taken their departure, after expressing their appreciation of the felicitous manner in which the affair had been conducted.

At the session on Thursday, the committee on nominations reported the following officers and one ballot being cast they were declared duly elected:

President, Daniel Lewis, New York ; vice-president, Alfred Mercer, of Syracuse ; secretary, F. C. Curtis, Albany ; treasurer, Charles H. Porter, Albany. Censors—S. D., L. Emmett Holt, New York ; S. Sherwell, Brooklyn ; E. M. Hermance, Yonkers. E. D., Joseph Lewi, Albany ; Thompson Burton, Fultonville ; Leroy McLean, Troy. M. D., Robert Frazier, Camden ; C. L. Styles, Owego ; J. H. Glass, Utica. W. D., H. L. Elsner, Syracuse ; Frank H. Potter Buffalo ; B. R. Fordyce, Union Springs. For College of Medicine of Syracuse University, G. N. Goff, of Cazenovia. Committee of arrangements, S. B. Ward, Albany ; Edward L. Partridge, New York ; C. S. Merrill, Albany. Committee on by-laws, F. A. Castle, New York ; A. R. Simmons, Utica ;



F. C. Curtis, Albany. Committee on hygiene, E. V. Stoddard, Rochester; A. N. Bell, Brooklyn; Wm. B. Brown, Bath; J. P. Creading, Auburn; Wm. H. Bailey, Albany; Wm. C. Bailey, Albion; E. F. Brush, Mount Vernon. Committee on legislation, D. B. St. John Roosa, New York; Burke Pillsbury, Middletown; Maurice J. Lewi, Albany. Committee on ethics, A. Jacobi, New York; Arthur Matthewson, Brooklyn; H. R. Hopkins, Buffalo. Committee on prize essays, George F. Shrady, New York; F. P. Foster, New York; Eugene Beach, Gloversville. Committee on publication, F. C. Curtis, Albany; John O. Roe, Rochester; O. B. Douglas, New York; C. H. Porter, Albany. Honorary members, Howard Marsh, London, Eng.; Francis Bacon, New Haven, Conn.; Reginald Harrison, Liverpool, Eng.; Sir Morell Mackenzie, London, Eng.; William Pepper, Philadelphia, Pa.; Max Schede, Hamburg, Germany. Eligible as honorary members, Wm. H. Taylor, Cincinnati, O.; Joseph Price, Philadelphia, Pa.; George J. Engelman, St. Louis, Mo.; R. J. Levis, Philadelphia, Pa.; Lemon Brown, London, England; James Nevins Hyde, Chicago, Ill.; E. E. Montgomery, Philadelphia, Pa. Delegates to state and other societies—British medical association, Robert Abbe, New York; Edward L. Partridge, New York; Wm. Hailes, jr., Albany; E. D. Fisher, New York; L. D. Bulkley, New York. Canadian medical association, Floyd S. Crego, Buffalo; James Macfie, Fort Covington; G. H. Oliver, Dickinson Centre. Ontario medical association, John Gerein, Auburn; J. F. Whitbeck, Rochester; James P. Boyd, Albany; W. W. Potter, Buffalo; H. G. Du Bois, Camden; L. A. Weizel, Rochester; G. M. Hammond, New York; W. B. De Garmo, New York. Connecticut, D. B. St. John Roosa, New York; J. P. Creveling, Auburn; Andrew F. Carrier, New York. Massachusetts, A. M. Phelps, New York; O. B. Douglas, New York; John O. Roe, Rochester; L. A. Weizel, Rochester. New Jersey, Walter B. Chase, Brooklyn; Thomas E. Satterthwaite, New York. Pennsylvania, C. L. Dana, New York; Henry Chapin, New York. Virginia, C. C. Rice, New York; Geo. H. Fox, New York; A. M. Phelps, New York.

The committee also reported a minute recognizing the valuable services rendered by Dr. Wm. Manlius Smith of Syracuse, during his 12 years occupancy of the position of secretary of the society, and it was unanimously adopted. On motion Drs. Flood, F. C. Curtis and W. B. Brown were appointed a committee to revise the by-laws of the society and report at the next annual meeting. Several amendments to the constitution were offered and laid over for one year. "A clinical study on alopecia areata and its treatment" was read by Dr. L. Duncan Bulkley of New York, and after a vote of thanks to President Ward for his faithful administration of his duties the society adjourned *sine die*.

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## SOME MINUTE BUT IMPORTANT DETAILS IN THE MANAGEMENT OF THE CONTINU- OUS CURRENT IN GYNECOLOGY.\*

BY A. LAPTHORN SMITH, M.D., MONTREAL,

LECTURER ON GYNECOLOGY IN BISHOP'S COLLEGE.

The main attraction of the electrical treatment of diseases of the uterus and its appendages is its almost complete immunity from danger. It only possesses this immunity, however, on condition that it is carried out with rigorous antiseptic precautions. I cannot do better than begin by giving a few practical details concerning them.

As several cases have been reported lately of fatal poisoning by bichloride solution, it is important that the solution used for vaginal irrigation should not be too strong; 1 in 5000 should be the utmost limit of strength. Probably a 1 in 40 carbolic solution would be sufficiently effective, and it would certainly be less dangerous. One of the sources of danger with bichloride solution is the habit of guessing the quantity of the strong liquid. The latter is generally made of such a strength that when one drachm of it is added to a pint of water the resulting solution will be a 1 in 1000. But it should always be measured with a graduated glass kept for the purpose, and it should be thoroughly mixed. After performing the irrigation, the vagina should be carefully emptied by depressing the perineum with one finger. Several of my confrères depend upon the patient giving herself an antiseptic douche at her own house before coming, they supplying her with tablets for that purpose.

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\* Read before the American Association of Obstetricians and Gynecologists, Washington, D. C., September, 1888.

After the application of the current another injection should be given at the office, or, if the speculum has been used, an insufflation of iodoform might take its place.

The uterine sound should be heated in the flame of an alcohol lamp and then plunged into strong carbolic solution. If Martin's electrode is used, it must be dipped in 1 in 20 carbolic, wiped dry, and anointed with carbolized vaseline.

The glass or rubber insulator deserves attention. It should be carefully washed inside with a fine hair brush such as is sold by tobacconists for cleansing pipes.

*Abdominal Electrode.*—As the success of the treatment of fibroids by the galvanic current depends very much on the strength that the patient can be made to bear without pain, and as the pain is generally felt most at the cutaneous pole, it becomes an important question to know what kind of abdominal electrode should be employed. There are three forms, viz., Apostoli's, Martin's, and Englemann's.

Apostoli's clay electrode would certainly be the best, were it not for certain slight defects, such as the soiling of the patient's skin and clothes and the difficulty of keeping it warm without letting it get dry. It may be kept moist by surrounding it after every application with a piece of oil-cloth; but it must be warmed, for the application of the cold clay in winter causes a very unpleasant shock. For some time I was in the habit of warming the clay in the oven before applying it, but this was so troublesome that I have substituted for that the placing of a piece of lint wrung out of hot salt water on the abdomen before applying the clay.

Since seeing Martin's electrode at the Congress last year, I have almost entirely abandoned the clay, and now use Martin's electrode. As the one that the instrument makers provide is a little too expensive for the general practitioner, I have devised a model which only costs about forty cents instead of four dollars—the price charged by the instrument makers. It consists of a tin pie-plate with a hole or mouth through which the liquid is introduced or changed, and a binding post is attached to one side. A piece of rubber tape is stuck to the lip of the plate all round to insulate it, and a fluted rim is soldered to the back of the lip, to which the bladder or parchment is tied, and shellacked. Just before the operation I pour out and warm some of the solution, and I moisten the bladder with a little of the same. Dr. Martin, of Chicago, informs me that he finds the salt water too irritating for most skins, and he therefore fills the electrode with fresh water only, and covers it with a cloth wrung

out of warm water. Of course this increases the resistance greatly. By keeping the electrode in an enameled dish with a weak bichloride solution, the otherwise unpleasant smell of animal membrane may be avoided.

*The Galvanometer.*—What galvanometer is the most reliable? From the testimony of several confrères who have used both the American model and the Gaiffe instrument, I believe that the Gaiffe is far superior to any other. In gynecology, comparatively high powers are used, and it is best, therefore, to be provided with the one measuring from one to 250 milliamperes.

I would like to point out a few sources of error which should be guarded against. For instance, a strongly magnetized pocket knife in the pocket will, if you stand near the galvanometer, deflect it to the extent of ten or twenty milliamperes; or a pair of silver-plated steel dressing forceps laid down beside the instrument may cause the same, or even greater, deviation of the needle from its proper reading. If there be any iron in the apartment, such as hot-water or steam coils or magneto-machines, the galvanometer must be removed to a considerable distance before it will tell the truth.

It is sometimes very puzzling to know which is the negative and which is the positive pole, especially if you have a complicated Gaiffe collector. If you use a Bailey rheostat, which is much the better instrument for controlling the out-flow of current, you will have no difficulty in finding the negative pole, by remembering that it is the one attached to the zinc, and by observing to which side the needle turns when the negative wire is attached to a certain side of the galvanometer, and then marking it with a piece of paper for future reference.

*The Uterine Electrode.*—It is not at all necessary that this be of solid platinum, as Apostoli uses. Provided the negative pole be used, any silver-plated sound will do as well. For negative galvanic punctures a steel needle does just as well as platinum, or even better. One precaution, however, is very necessary, and that is to have the part which remains at the level of the vaginal tissue during the séance well insulated with hard rubber; otherwise a great deal of avoidable suffering will be caused. It may be objected to this suggestion that it is well to burn a hole in the vagina for the slough to escape from. In cases of stenosis of the internal os, or other conditions of the mucous membrane causing obstruction to the menstrual flow, it would be better to use a series of olivary silver-plated *bougies à boule* from

10 to 30, such as are used so successfully in stricture of the urethra, to which the negative wire should be attached, a current of twenty milliamperes for five to ten minutes being allowed to pass. I have here one of Martin's graduated electrodes for applying the positive current to the interior of the uterus in hemorrhagic conditions of the mucous membrane. The surface of platinum in this one is exactly equal to two square centimeters, and requires for chemical cauterization exactly fifty milliamperes of current. It is well in all cases to have a movable insulator which can be fixed at will at a predetermined distance, so that you will always know how far from the os the working part of the applicator is.

Apostoli, and some of the other leaders in this branch, were of the opinion that the rheostat would waste the battery; but this, I think, is a mistake, for we know that the battery only uses itself up in proportion to the completeness of the external circuit; so that, while it is quite true that a larger number of cells will be required to overcome the resistance, those cells will give out just as large a quantity of electricity during their life-time as if they were brought into the circuit by means of the current selector used by Apostoli.

*Kind of Cells.*—After conferring with a large number of users of battery cells, I found that the Leclanche was unanimously conceded to be the best for gynecological work, its great advantage being its almost complete immunity from polarizing. The Law cell, while being an excellent one for telephone work, which is only for a few minutes a day at the most, soon polarizes when kept steadily at work for several hours. There are two forms of Leclanche—the old form with a porous pot, and the new patent called the conglomerate, in which the peroxide of manganese, the depolarizing agent, is pressed into hard cakes, thereby doing away with a porous pot to hold it, and thus diminishing the internal resistance.

The number of cells is no guide to the strength of the current. On fine days and with every thing working well I have obtained 170 milliamperes with only ten cells, while during several weeks of rainy weather just previously I could only obtain 40 milliamperes with the same cells. Again, some tumors conduct much better than others. When the resistance of the patient's skin is very great, it can be diminished very much by getting her to wash her abdomen with soap and hot water, so as to remove the thick and greasy epidermis, and then to apply a little glycerin.

*Position of the Electrodes.*—The cutaneous electrode is generally called the abdominal, but over a year's experience

has forced me to change its name in many cases. I have observed in three cases of fibroid that, after about twenty applications of the current, the portion of the tumor lying between the intra-uterine electrode and the abdominal wall completely disappeared, so that I could feel the sound through the anterior wall of the uterus. In fact, although a large part of the tumor—indeed, all the posterior segment of it—still remained, I did not dare to thin the anterior wall of the uterus any more. I then began to place the cutaneous electrode under the patient's bare back as she lay on the sofa, so that then all the current passed through the remaining half of the tumor. It is easy to understand this, for in electrolysis the chemical decomposition only takes place in the tissues through which the current passes, and it always passes by the shortest road between two points. I believe this simple little point may have a very important bearing on the result of the treatment, so that even the largest tumors will be completely absorbed, as well as smaller ones. I can illustrate this with a carrot to represent the uterus and this large turnip to imitate the tumor.

With regard to punctures, although I have performed them several times at my office and sent the patient home half an hour afterwards, I have come to the conclusion that it is a very hazardous proceeding, and I shall therefore limit the galvano-puncture to those cases that I am attending in a hospital or at their homes. When a puncture is given, I would recommend a hypodermic of cocaine into the vaginal roof at the seat of puncture as a preliminary precaution. For office practice the intra-uterine applications are very effective and absolutely safe.

*After-Care of the Patients.*—If possible, the applications should be given at the patient's house or at the hospital, so that she can be carried direct to bed and remain there until next morning. If, however, the treatment is given at the office, it is a very necessary precaution to make the patient lie down on a sofa for at least half an hour afterwards, and she should be cautioned against doing any hard work until next day. In the only case of pelvic cellulitis which has followed the application of the current by me, the patient, clad in a thin summer dress, went to a picnic the same or the following day, and sat for several hours on a cold stone, which may have had something to do with the accident. The only other accident I have had was the inducing of an abortion in an unsuspected pregnancy, where the diagnosis of chronic metritis had been made for me by a confrère, and where menorrhagia had been present for several months before she came under my care.

*Counter-Indications.*—In cases where cellulitis or pelvic peritonitis is known to have existed at any previous time, the continuous current should be given with great hesitation, and when the acute symptoms have subsided. In all cases we should begin with one or two experimental doses to ascertain whether the patient can bear with impunity a more effective quantity. Ten or fifteen milliamperes the first time and thirty the second are as much as would be safe.

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## A CASE OF TRANSFUSION OF BLOOD.\*

BY P. J. KEEGAN, M.D., ALBANY, N. Y.

March 5, 1878, A. B., a well-developed young man of excellent family and personal history and habits, ate lunch (a small pie) at 10 A. M. Before 12 M. was taken with severe pain, as in biliary colic; was obliged to go to stool, and had a copious fluid movement. Had three such evacuations within half an hour; became weak, was carried home, and had another (the fourth) evacuation, very similar to the others, according to his judgment. This time he used a chamber, and found that the evacuation was blood, and concluded that the others were also blood, a fact which he had failed to note, as he had used a water-closet at his office, and each time emptied the basin before rising.

I saw the man before one o'clock P. M., and found him very exsanguinated and weak; heart weak, bounding and rapid; temperature low (not recorded); tongue and all visible mucous membrane nearly clear white from want of blood. The diagnosis was "passage of gall-stone, with rupture of the common duct," thus endeavoring to account for the pain and hemorrhage. The usual drugs were given to relieve the pain and bleeding, which gradually ceased.

Five days after the first attack, a feeling of distress was noticed in the region of the gall-bladder, the stools became clayey, the skin became gradually more and more jaundiced, the urine darker, and a small tumor was discovered beneath the liver and attached to that organ. "Occlusion of the common gall-duct, with distention of the gall-bladder," was now the condition supposed. In this I was supported by Dr. Ward and others who saw the case. The gall-bladder continued to increase, and all the other symptoms became more marked until about the 16th. At that time I was about to tap the gall-bladder, its lower extremity reaching

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\* Read before the Medical Society of the County of Albany, December 5, 1888.

the patient's umbilicus, when I noticed that it was smaller, less tense and less sensitive than on the previous day. The color of the stools became dark, and all things pointed to a reëstablishment of the flow of bile by the natural passage. He now continued to improve until the 24th, when he was able to walk and did walk a little in his house. He took more exercise than he was able to bear, became exhausted, and was necessarily assisted to his bed again. About 9 P. M. of the 25th his bleeding again returned, and what was closely estimated at four pints was voided. This blood came in such form that his friends supposed it to be mixed with a great portion of his intestines, and so reported it to me. They emptied the vessel, so I did not know of what the discharge consisted until about 7 P. M. of the 26th, when I was called, and found a large chamber nearly full (about two quarts) of blood mixed with what I at first was sure was portions of bowel. Examination proved this to be casts of the bowels, of wonderful accuracy, composed of blood fibrin, the pieces or casts broken into lengths of from three inches to three feet. He was again exceedingly exsanguinated, and so prostrated as to be utterly helpless, even appearing unable to move or speak.

On the 27th, he was apparently dying; no pulse at wrists, cold to knees and elbows; cold perspiration on extremities and face; heart weak and fluttering, 150 beats to minute; sensation so very obtuse that he did not notice pain from the very careful dissection which I was obliged to make to find a vein in his arm. The arm was ligated above the elbow, in hopes to fill a vein, that it might be seen for a guide, but none could be detected, and a slow cutting search was resorted to. A cut one inch long was made diagonally across to line of the median basilic, and when the vein was found, it could only be verified by puncturing it and permitting a drop of venous blood to escape into the wound. During the dissection for the vein, only *about two drops of blood* oozed into the wound.

About twenty ounces of blood were taken from the arm of a healthy young man, defibrinated by whipping with broom corn, and strained through a silk handkerchief. Care was taken that the utensils used during the manipulations were scrupulously clean. The temperature of the blood was kept at 102° F. Twelve ounces of the defibrinated blood were taken into a Dieulafoy aspirator, the tubes carefully heated to the required temperature, the needle thrust into the exposed vein, and the blood slowly injected into the circulation, eight ounces being given. The stimulating



effect of the blood transfused was most gratifying. The work was not completed when the patient spoke, saying, "I feel better." He had not spoken to me that morning, and, while conscious, was unequal to the exertion required in speaking. From the time of the transfusion the hemorrhages ceased, and he gradually but slowly made a good recovery.

To illustrate his extreme lack of vitality, the edges of the wound in the arm did not become reddened, nor was there any evidence of repair or healing of the parts until the third week.

#### DISCUSSION.

Dr. A. VANDER VEER referred to an autopsy in a case which occurred in the practice of Dr. C. Devol, of an unmarried lady of about 20 years who had died from syncope after hæmatemesis; some evidence of ulceration of the duodenum was noted.

He spoke of the modern method of injection of saline solutions instead of defibrinated blood; and he condemned aspiration of the gall-bladder.

Further discussion by Drs. Hailes, Curtis, Thompson and Ward.

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### CORRESPONDENCE.

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#### WHAT SHALL WE DO WITH THE INEBRIATE?

Dr. E. T. Strong, in continuance of a private statement during the recent meeting of the state medical society, of his dissent from the view that inebriety is a disease, sends us the following letter, which is an answer, positive and unmistakable, to the question "What shall we do with the inebriate?"

ELIZABETHTOWN, N. Y., February 16, 1889.

*Editor Albany Medical Annals :*

DEAR SIR— \* \* \* I have always held that (with an occasional exceptional case of drink mania) the inebriate was a vicious, selfish creature, who cares for nothing but the gratification of his appetite, and gets drunk just as he would ruin an innocent girl, or eat good things till his belly ached. I have nothing but contempt for such a fellow, be he pauper or millionaire. I think the modern method of dealing with these cases is maudlin. Let sharp and vigorous punishment follow every exhibition of inebriety; not a fine that takes the food out of the mouths of the inebriate's wife and children, nor a jail, where the inebriate has warm room, plenty to eat, and society that is congenial, but the lash, the cold douche, disfranchisement, solitary confinement with a diet the reverse of luxurious. This will have more effect on him and his ilk than sympathy with him and denunciation of the "rumseller." When I think of the miserable brutes

getting drunk while their families grow cold and hungry, I think inebriety ought to be classed with burglary at least.

I believe the time will come when the incorrigibly vicious criminal and pauper will be sterilized, both for the deterrent effect, which on that class would be only second to hanging, and to stop the breed. I know the world would shudder at the idea now, as a few years ago it did at cremation, but what valid objection could be raised?

Begging your forgiveness for boring you with this long tirade, I am

Yours truly,

E. T. STRONG.

## ABSTRACTA.

**EXECUTION BY ELECTRICITY.**—On January 1, 1889, the execution of criminals by electricity will be required by the law of this state. As the time approaches the interest of men of science increases. At a meeting of the Medico-Legal Society a committee which had reviewed the subject gave the following method of procedure: A stout table covered with rubber cloth, and having holes along its border for binding, or a strong chair, should be procured; the prisoner, lying on his back or sitting, should be firmly bound upon this table or in the chair; one electrode should be so inserted into the table, or into the back of the chair, that it will impinge upon the spine between the shoulders; the head should be secured by means of a sort of helmet fastened to the table or back of the chair, and to this helmet the other pole should be so joined as to press firmly with its end upon the top of the head. A chair is preferable to a table. The rheophores can be led to the dynamo through the floor, or to another room, and the instrument for closing the circuit can be attached to the wall. The electrodes should be metal not over one inch in diameter, somewhat ovoidal in shape, and covered with a thick layer of sponge or chamois skin. The poles, and the skin and hair at the points of contact, should be thoroughly wet with warm water, and the hair be cut short. A dynamo generating an electro motive force of at least 3,000 volts should be employed; either a continuous or alternating current may be used, but preferably the latter; the current should be allowed to pass for thirty seconds. The executions are to take place only in the state prisons.—*New York Correspondent London Lancet.*

**EXECUTION BY ELECTRICITY.**—It is rather difficult for us to appraise at their due worth the many accounts that are flowing in to us from America on the preliminary experiments which are being carried out there in regard to the electric discharge of criminals who have been condemned to death. An article in the *World* newspaper, published in New York on December 13th

last, does not, we regret to say, reassure us in the least; on the contrary, it turns us against what is going on, rather than leads us with it. It gives an account of a meeting of the Medico-Legal Society, held at the Fifth Avenue Hotel, Mr. Clark Bell presiding, with ladies and gentlemen present, at which a report was read, and a design of a "death chair," invented by Mr. Henry Guy Carleton, was brought under discussion, the whole ending in a banquet at the Palette Club. In the *World* is a picture of the Carleton death chair, which is, we presume to immortalize its inventor like poor Dr. Guillot, who must often have wished he had never been born during the twenty-two years in which he outlived the instrument bearing his name. This picture does not, to our minds, give any favorable impression of the new process. If the sense of death be in the "apprehension," and if the inventors of the new mode want to inspire criminals with the apprehension, then indeed the Carleton chair is something to the purpose, for the preparation of the criminal for death, divested of none of its present horrors, is far more elaborate. A collar is to be put round the neck, the top of the head is to be armed with a moistened pad or cap, and finally the victim is to be strapped in the chair before the fatal switch is applied. Supposing that the fatal switch is instantly fatal, in what manner it is more humane than the guillotine, or the easy asphyxia from suspension by the neck, it were, indeed, difficult to explain. But, strangely, the promoters of this new method praise and support it, not for the wholesome dread that it may excite in the mind of the would-be murderer, but for the happy mode of dispatch to which all murderers will be subjected when the chair of death comes into public service. Whichever be the right theory on this subject, we believe that this new instrument of death, as advanced by its advocates, to be fundamentally unsound. If it be right to have a mode of death for criminals that shall excite some terror, as many wise and logical legislators believe, then we have already the very means for exciting that wholesome alarm, a means also which long time and custom have sanctioned, and which had better not be abrogated while the death punishment lasts. The would-be criminal now knows what he is likely to suffer; if he carries out his crime, he may "swing for it," which means as much of penalty as any criminal can take in and moralize on—a dread quite equal to any thing which the electric switch would ever be likely to command. So much for the supposed wholesome character or moral check of fear. If we take the opposite view, that the perfect painlessness of death by the electric shock will divest the punishment of some of its terrors, then the mere implantation of this notion will only lead a certain class of the worst criminals to set their lives upon the cast, and to accept the more resolutely the hazard of the die. With all respect, then, to our American confrères, we do not think that the grounds or reasons they have entered on for a change in

the mode of execution of criminals are quite worthy of their vocation. When we turn from the argument relating to the application of a scientific research to the research itself, as a matter of science, we come upon more satisfactory ground. We do not know that Mr. Carleton's view about the direction of the current of electricity through the head and neck, as the most fatal direction, is or admits of being proved. But, leaving that speculation, and referring to the report of the Medico-Legal Society, and specially to a paper in the *Scientific American*, one of the ablest periodicals of its class, there is a great deal of scientific matter which is worthy of serious study on its own merits alone. The one statement of the reporters, that the alternating current is more fatal than the continuous, is of itself, if it be confirmed by further experiment, of considerable importance, having about it some physiological bearings which are of moment. This part of the subject must, however, remain for future study and comment.  
—*London Lancet*.

**GLYCERIN ENEMA.**—While many celebrated men, such as Dr. William Pepper and the late Dr. A. H. Smith, of Philadelphia, have prescribed glycerin enema frequently, the latest editions of the "National Dispensatory," the "United States Dispensatory," the "Therapeutics" of Ringer, Wood and Bartholow are silent regarding the remedy. "Quain's Dictionary of Medicine" also recommends the injection of small quantities of glycerin into the rectum for constipation.

The profession seems to have been first apprised of its virtues by Anacker; but it was first extensively used as a Dutch proprietary medicine, known as "Oidtman's purgatif," and met great success in Holland and Germany. Numerous analyses were made before the important ingredient was discovered.

Experimenters differ somewhat as to the best method of introducing it. Some prefer a drachm of the pure glycerin injected with a small glass, metal or hard-rubber syringe. This produces a semi-solid evacuation in from one to five minutes. Should this irritate, as is the case with many, diluting with an equal quantity of water will remove the objection. When the small syringe is found to be not easily manipulated, a piece of rubber tubing attached will obviate the difficulty. However, the insertion of a syringe where hemorrhoids are present is usually painful. Hollow suppositories of cocoa butter containing one gramme of glycerin are highly recommended, especially for use in private practice. But the presence of a quantity of inert material and the small amount of glycerin delay the movement for one quarter or one-half hour, and in some instances for several hours. Gelatin capsules and solid suppositories, made by incorporating glycerin with paraffin, are used, but have not given entire satisfaction. Perhaps the most desirable method of administration consists in incorporating ten per cent. of hard castile soap with ninety per

cent. of glycerin into suppositories weighing about one drachm each. These are easily preserved when wrapped in tin foil, and when one proves insufficient, a second may be inserted. They can be made of any size, and can be used with children.

Now and then more than one stool results. With Ullman, out of 174 cases, diarrhœa followed in six patients. All of these were found to be suffering from tuberculosis.

Theories explaining its physiological action are numerous and varied. Anacker ascribes the power to its hygroscopic qualities. By abstracting water from the mucous membrane it produces a hyperæmia of the lower bowel and through the consequent excitation of the nerves an augmented peristaltic action. Unger repudiates the theory of increased reflex peristalsis, and argues that the glycerin excites the mucous glands to greater secretion. Reisinger denies that glycerin provokes the evacuations through mechanical irritation, because the injection of an indifferent chemical substance (solution of albumen) had no effect at all. Nor does he coincide with the theory of reflex peristaltic action, since he found that concentrated solutions of the sulphate of sodium produced no such results, though they have the power of abstracting water. He insists that there is exerted a direct chemical action by the glycerin upon the mucous membrane of the rectum.—*Pacific Med. Journal.*

**A NEW AND ONLY WAY OF RAISING THE EPIGLOTTIS.**—After a somewhat elaborate argument, the following conclusions are drawn:

1. Contrary to universal belief, traction of the tongue cannot raise the epiglottis.
2. By sufficient extension of the head and neck, whether by volition, instinct, reflex action, or by the effort of another, whether in the healthy, the dying, or the dead, the epiglottis is instantly, and beyond prevention, made completely erect.
3. By complete extension of the head and neck the tongue and velum are, as respiratory obstructions, simultaneously with the epiglottis, removed, and without a moment's delay the entire airway can be straightened, enlarged, and made free throughout by the nearest person.

If syncope happens to be a chief or a secondary factor, this also gets the quickest and best direction.

*The way to make complete extension of the head and neck.*—Having, by bringing the patient to the edge of the table or bed, or by elevation of the chest, provided that the head may swing quite free, with one hand under the chin and the other on the vertex, steadily but firmly carry the head downward and backward; the neck will share the motion, which must be continued until the utmost possible extension of both head and neck are obtained. Sometimes a slight extension or elevation of the chin merely will at once check stertor, or irregularity of breathing; but the exten-

sion, which can in no case do harm, should be always rather more than less than appears necessary. It should never be forgotten, however, that the full effects of extension, as above described, can be secured with certainty only by making the extension complete as directed.

That the customary pulling forward of the tongue is followed by relief the author admits to be true in some cases, but in some cases only; the inversion of the entire body, the chucking under the chin, the jerking the angle of the jaw, in each of these the good done, and which was the only and all-sufficient reason for the habit, is an interesting corroboration. Each tended to raise the epiglottis, but the operators did not know it.

Further corroboration is in the familiar position instinctively assumed by the croupous, the diphtheritic, the asthmatic, the dying.—*N. Y. Med. Record.*

ACETIC ACID IN DIPHTHERIA.—F. Englemann (*Deutsch. Med. Wochenschr.*, No, 46, 945, 1888) made extended bacteriological studies on many of the different substances usually employed as local applications in diphtheria, in order to determine their power to prevent the growth of micro-organisms. After detailing somewhat the nature of his experiments, he concludes:

1. Diphtheria must be treated on the same principles which are generally accepted as applying to analogous processes in surgery and obstetrics.
2. The majority of the substances recommended for local application in diphtheria deserve no confidence, since they do not exercise sufficient antiseptic power.
3. Almost only those act with certainty which in sufficient concentration have proved themselves of value in surgery also. Like these, acts the hitherto little esteemed acetic acid.
4. Most of the powerful antiseptics are ill-suited for use in diphtheria, on account of their local or general poisonous action.
5. Acetic acid appears especially to be recommended on account of its certain antiseptic action, its harmlessness, and the slight irritation which it produces. It possesses, also, in high degree, the power of penetrating animal tissues.—*Am. Jour. Med. Sc.*

TREATMENT OF DIPHTHERIA BY THE INSUFFLATION OF SUGAR-DUST—Oertel demonstrated, years ago, the injurious effects of forcibly detaching the false membrane and cauterizing the mucous membrane in cases of diphtheria. He contended that we must make energetic attempts to produce a copious amount of pus beneath the pseudo-membrane. Lorez, of Frankfurt, proposes, for the treatment of diphtheria, the frequent insufflation of sugar-dust upon the morbid mucous membrane of the tonsils, fauces, post-nasal space and entrance of the larynx, and, after tracheotomy, through the canula into the trachea. After a

few insufflations the foul odor disappears, and the mucous membrane of the fauces and pharynx shows more life. The laryngeal cough becomes loose, and respiration easier. The favorable action of sugar on unhealthy granulations is well known.—*Allg. Med. Centr. Zeitung*, 94, 1888.

**AN EXPERIMENT IN CANCER GRAFTING.**—The *Medical Press* relates an important experiment of considerable interest recently undertaken by Kahn in regard to cancer grafting. The experiment tends to demonstrate that it is possible to inoculate with cancer-elements the skin of a patient beyond the part which is afflicted with the disease. The following details of a case are published: "A patient of the author, who had been attacked with recurrent carcinoma of the left breast, which did not admit of surgical interference, had three small pieces of skin removed, in which cancerous infiltration was well marked. These were transplanted to the right breast. The grafts united, and two months and a half afterwards, when the patient died from the extension of the disease and the cachexia, a minute microscopical examination showed unequivocally the presence of carcinomatous elements in the right breast." In the opinion of the author, this record proves that the transplantation of skin which is infiltrated with cancer can be followed by the development of the same neoplasm in a healthy part, especially in subjects who are predisposed to the disease.

This emphasizes the rule which obtains in regard to ensuring the complete removal of suspected tissue in the neighborhood of cancerous disease.

In addition to this, the author is disposed to believe that in many cases of recurrence it is quite possible that the disease has developed anew as the result of accidental inoculation.—*Pacific Med. Journal*.

**CRAMPS IN THE LEGS.**—Dr. St. Clair says that immediate and perfect relief is always secured by the following simple expedient: Take a good, strong cord, wind it around the legs at the place that is cramped, and, taking one end in each hand, give it a sharp pull, strong enough to give some pain. No more pain need be feared that night. For permanent cure, give about six or eight cells of galvanic battery, with the negative pole applied over the spot that cramps, and positive pole over the thigh. Give for ten minutes every week for a month.—*Clin. Reporter*.

**PYRODIN** has powerful antipyretic action and considerable influence in relieving neuralgic pains. It has, however, the great drawback of toxicity. It is apt to produce jaundice, followed by anæmia, and even more serious symptoms. It should be given in small doses, at intervals sufficiently long to guard against evil effects.

**PROSTATIC ENLARGEMENT.**—Importance is attached to a new operation for the relief of this condition, devised by Dr. Hunter McGuire, of Richmond. The operation is similar to supra-pubic cystotomy for stone. The only difference is that he made the opening into the bladder as low down on its anterior wall as possible, and left the opening in the skin at the upper end of the incision. A drainage tube was kept in for a short time. The result was that the patient passed his urine through the artificial urethra thus formed. The artificial urethra did not leak, nor did the urine dribble away, no matter what the position of the man's body was. The urine was retained for several hours, often from four to six, and then passed in a strong stream thrown several feet from the body, the last coming in jets as from a natural outlet. The improvement in the patient upon whom he had done this operation had been wonderful. The artificial urethra or fistula had the same relation to the bladder that the spout of a coffee pot has to the pot.—*Clin. Record.*

**THE CAUSE OF DEATH IN ACUTE PNEUMONIA.**—Leibermeister, in the course of a paper on a series of cases of acute croupous pneumonia (reported in the *British Medical Journal*, Dec. 29, 1888), has expressed the view that death is generally due to pulmonary œdema of the non-infiltrated portions of the organ. This œdema he attributes to cardiac failure. The fever, he says, tends to produce degeneration of the heart muscle and functional insufficiency, while the heart has to act against an increased resistance, due to the compression of the blood-vessels by the infiltrated lung; the right heart, acting under these unfavorable circumstances, fails, and the first symptom of its failure is the pulmonary œdema above mentioned.

**THE INTRAVENOUS INJECTION OF THE POISON OF RABIES AS A PREVENTIVE OF HYDROPHOBIA.**—Galtier proved, more than twenty years ago, that intra-venous injection of the rabies poison in goats and sheep, rendered these animals immune from hydrophobia, in case they were bitten by rabid animals. Nocard and Roux have proven by experiments that the same holds good in case of ruminants generally. For purposes of experiment material was taken from a rabid dog. A portion of the spinal cord was dissolved in a quantity of water, the clear fluid decanted and then filtered. The fluid thus obtained was injected into the veins.—*Allg. Med. Centr. Zeitung*, 94, 1888.

**GLUTEN BREAD** is recommended by Dr. Woltering, of Munster, Wurtemberg (*Allgemeine Med. Cent. Zeitung*), both on account of its extremely nutritive qualities as an article of diet, and its very low price. It is three times as nourishing as meat; and bread, made with the addition of 40 per cent. of gluten, contains more albumin than hare or chicken of the best quality.



**PHTHISIS FROM HOUSE SWEEPINGS.**—Carnet has experimented with the dust obtained from the walls and floors of various dwellings in which tuberculous patients have been inoculating guinea pigs with it, and carefully excluding all possibility of infection from outside sources. In this way, twenty-one rooms of seven Berlin hospitals were examined, and bacilli found to have been present in the dust from most of them. Positive results were also obtained with the dust from insane asylums and penitentiaries.

The dwellings of fifty-three tubercular patients were investigated in the same way, and the dust in the neighborhood of twenty patients found to be virulent. It was the case, with absolute regularity, that the dust was always virulent when the patient had been in the habit of spitting on the floor, or in a handkerchief, while it was never so when a spit-cup had been employed. *Munchener Medicinische Wochenschrift, 1888, No. 308.*

**BLOODLESS TREATMENT OF INGROWING NAIL.**—Dr. Patin recommends the following procedure for removal of ingrowing toe-nail, which he has employed with excellent results in all his cases. After thorough cleansing of the nail, a solution of gutta percha, 10 parts in 80 of chloroform, is applied with a brush to the interstices between the nail and the granulations. This is repeated several times on the first day, and subsequently at longer intervals. By exercise of care and patience it will be found that the nail is gradually lifted from the underlying parts, and can then be removed without pain with the scissors. If a properly fitting shoe is worn, no recurrences need be apprehended. The solution applied in this manner exerts a double effect—the chloroform is anæsthetic, and the gutta percha acts mechanically, forcing its way between the granulations and the nail, and finally liberating it from its abnormal position.—*Gaz. des Hospitaux.*

**ETHEREAL TINCTURE OF PERCHLORIDE OF IRON IN CHRONIC NEPHRITIS.**—Dr. Wyss, of Geneva (*Journal de Médecine* for September 30, 1888), has employed the ethereal tincture of the perchloride of iron for more than two years in numerous cases of chronic Bright's disease, and in more than half of them he had been able to note the complete disappearance of the albuminuria and other symptoms. Dose, five to ten drops in water three to six times daily.

**CREOLIN AND THE CHOLERA BACILLUS.**—Alessi and Sirena, of Palermo, consider creolin the greatest destroyer of the bacilli of cholera and tuberculosis. Eight or ten drops of an aqueous solution containing three per cent. of creolin suffice to sterilize fully in five minutes bouillon containing a pure culture of these bacilli. On account of its innocuous nature it is preferable to all other antiseptics.—*Riforma Med.*

ARE THERE TOO MANY DOCTORS?—There are not too many doctors; that is to say, there are not too many if we consider the great struggle which ends in the survival of the fittest, there being always a chance for men to distinguish themselves and receive the substantial reward which is held out to the meritorious, and there are not too many who are at the head of the profession, in proportion to the number of patients who need their skill. The old saying that “there is always room at the top,” must, however, be taken *cum grano salis*, as applied to the practice of medicine; for medical success is not unfrequently a matter of luck, and especially so in large cities. Competition does not always bring its rewards, and it is very difficult for men to say exactly to what they owe their advancement. Sometimes, but by no means always, is a partnership the royal road, and perhaps this is the most secure way to fame and monetary success, but it can not be denied that the men who have the best reputation with their fellows, although they may belong to the large class who “die poor,” are those who have made their way as teachers, or in the hospitals. From a pecuniary point of view, some of the greatest successes in New York have been doctors who came in as total strangers from other points of the country; particularly noteworthy in this regard have been the successful physicians who came from the South just after the war. Still, it must be remembered that the progress of the young doctor is necessarily very slow, and it is often four or five years before he becomes self-supporting. At first sight it would seem that in all our large cities there are too many doctors. In New York, for example, there are some 6,000 practitioners—good, bad and indifferent, legal and illegal—who practice medicine, or about one to 300 persons, and this seems out of all due proportion when we consider that in southern Europe and Russia the ratio is only one to 1,000. During the last few years there has been a comparatively large influx of foreign medical men, who have been allowed to practice their profession without any let or hindrance, and this is a significant evidence of American liberality, when we consider the restrictions which exist in other countries than our own. Perhaps, if the same protection existed which we find abroad, the number of medical men might be very much reduced. Not only is it necessary in Great Britain for a foreigner to take a local degree, but, in fact, any foreigner cannot now practice in France without going through the course prescribed by the universities, and in Paris, especially, there exists a rivalry and jealousy of foreign invasion in the field of medicine which is exceedingly bitter. On account of the great number of medical men, it is again and again asked, “How do they all make a livelihood?”—a question which is much more difficult to answer than that which forms the caption of this article. Strange to say, the fees received by American specialists, by those who can afford to select their patients, are not nearly so high as those received by persons in

the same class in England, but the average fee for general practice received by an American doctor is much larger than that which goes to his English brother, who, though often a man of excellent education and more than average ability, gets from one to three crowns a visit, though his more fortunate colleague of the West End asks from one to five guineas. Again, I know of London surgeons who receive for a difficult surgical operation almost twice what is ordinarily charged here, and the incomes of many eminent London physicians are considerable more than \$100,000 as year. So far as the disproportion between the fees paid to lawyers and medical men is concerned, there is much to be said, for there are persons who grumble exceedingly at paying a small sum for saving life, but who willingly pay a lawyer 50 per cent of what he saves them. The time has happily passed when practitioners were known only as "leeches" and when one went to his barber for blood-letting. Medicine is rapidly advancing to a higher plane. We find that royalty itself has given it its patronage. Prince Louis Ferdinand, of Bavaria, the husband of the Infanta Paz, is a clever surgeon, and the Duke Theodore, who is the brother of the Empress of Austria, is both an oculist and a surgeon. In Great Britain, where until a few years ago a medical man had no social status, and where the army and navy, church and bar, were the only callings open to the upper classes, medicine is no longer looked upon as *infra dig.*—*Dr. Allan McLane Hamilton, in the Epoch.*

**TRANSFUSION IN CARBONIC-OXIDE POISONING.**—A workman who had inhaled the vapor of burning coals was taken to the Charité lately. All efforts to restore consciousness having failed, Professor Leyden ordered the injection of 250 cubic centimetres of blood, taken from another patient, into one of the veins of the right arm. The patient showed signs of life five hours after the transfusion, then slept for about ten hours, and awoke in excellent spirits. His further recovery was rapid, and he is now quite well.—*London Lancet.*

**SUBSTITUTE FOR TRANSFUSION OF BLOOD.**—Mr. Rainsford F. Gill (*Lancet*, Nov. 3) reports successful treatment of post-partum hemorrhage by rectal injections of saline solution, in place of transfusion. Two or three ounces of the fluid was injected at a time, and repeated every ten or fifteen minutes, using a tepid solution, and of course employing auxiliary methods of relieving the existing shock to the system.

**RABIES IN FŒTUS.**—According to M. G. Zaigari, the bulb or spinal marrow of fœtus of rabid females is not virulent, neither is the milk nor the amniotic fluid of the mother, neither any of the fluids of the fœtus. In other words, in the rabid female, the organism of the fœtus is not contaminated.—*Revue Scientifique.*

**PRESSURE FORCEPS IN VAGINAL HYSTERECTOMY.**—In two cases I have employed the hemostatic forceps, not only in hemostasis, but also in the closure of the wound, and they seem to fulfill the indications satisfactorily, although further trial will be necessary to determine their usefulness for this purpose. Closure of the wound with hemostatic forceps is effected as follows: After the uterus has been removed and all the bleeding points controlled, the forceps which clamps the broad ligament on either side is drawn down until the stump is exposed. The anterior and posterior peritoneal edges of the wound are approximated with a tenaculum in each hand, and fastened together at two or three points by means of light hemostatic forceps; additional forceps being applied also in each angle of the wound in such a way as to close the wound tightly around the stump, so that, if possible, that part of the ligament which is included in the grasp of the forceps shall be held down in the vaginal wound outside of the peritoneal cavity. The forceps suffice to hold the peritoneal edges of the wound in accurate coaptation until union has taken place, which occurs in a few hours unless there be fluid in the cul-de-sac, in which case the small space between the forceps will serve the purpose of drainage so long as drainage is necessary, and then also unite.

Thus, while union is taking place, the margins of the peritoneal wound are sufficiently immobilized to prevent the constant deviations of the rectum and bladder from disturbing the wound, and thereby contaminating it with septic infection during the healing process. A great disadvantage of the open treatment is thereby avoided. On the other hand, it is hoped that the great advantage of the open treatment, that is drainage, will be secured by this method of closing the wound, because the forceps themselves in a surprising degree facilitate drainage. Any fluid finding its way to the little spaces between the forceps is promptly discharged along their course into the vagina.

The handles of all forceps should be tied together with strong thread to prevent them from snapping apart. The less important ones which have been applied for the purpose of securing small bleeding points, may be removed in twenty-four hours. The more important broad ligament forceps should be left forty-eight or seventy-two hours.

This method of hemostasis will probably not be confined to simple hysterectomy. The following is quoted from a paper which I presented to the Chicago Gynecological Society, December 16, 1887:

"This operation may have a wider field than ordinary vaginal hysterectomy; I have determined in the next case I have of uterine myoma, in which supra-vaginal hysterectomy would ordinarily be performed, to open the abdomen, lift the tumor out through the abdominal wound, and then instead of using the serre-nœud, attempt to secure the broad ligaments by means of lock forceps

in the vagina. It would probably be easy, by having the index and middle fingers in the pelvic cavity, one on each side of the broad ligament as a guide, to force the blades of the forceps through, close to the uterus on either side of the ligament, to the finger-tips, and then having secured both ligaments, sever the anterior and posterior uterine attachments. The peritoneal edges of the vaginal wound might then be closed with a continuous catgut suture, or seized with lock forceps in the vagina, as already described. This method of performing hysterectomy for myoma, when the tumor is too large to be delivered through the vagina, is worth trying; it would enable the operator to dispense with all extra-peritoneal methods of hemostasis for ovariectomy.—*E. C. Dudley, M.D., Gynecological Transactions, 1888.*

**EXPERIMENTAL IODOFORM POISONING.**—Dr. A. V. Koriander, of St. Petersburg, has endeavored to throw some light on the vexed question of the suitability of iodoform for use as an antiseptic by poisoning dogs with it, and examining the morbid appearances post mortem. The iodoform was introduced into the peritoneal cavity in quantities varying from 0.3 to 1.5 gramme per kilog. of the animal's weight. The microscopic sections of the organs were stained by hæmatoxylin and lithion-carmine. Nephritis affecting the renal glomeruli was invariably found, and the liver was infiltrated by minute fat granules. These appearances are considered by Dr. Philipovich to be characteristic of iodoform poisoning.—*London Lancet.*

**OXIDE OF ZINC** (Dr. Roswell Park, of Buffalo) possesses all the good advantages of iodoform and few of its disadvantages. The same may be said of hydronaphthol, boric acid and quinine. For a number of years I have employed powdered sulphate of cinchonidia as a surgical dressing, and with the greatest satisfaction; it is far superior to iodoform (as well as cheaper), carbolic acid, subiodide of bismuth, etc.—at least in minor surgical operations.

**IODOFORM, IODOL AND SUBIODIDE OF BISMUTH**, Professor Gross says, are worthless as germicides; he uses hydronaphthol for wounds which require germicides, as lacerated muscles, where there is danger of sloughing.

**INTOXICATION.**—It is claimed that half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated.

**WARTS.**—Kaposi suggests the use of one part of bichloride of mercury dissolved in thirty parts of collodion, a little of the solution being painted on and around the base of the wart once daily.

**SACCHARIN A SUBSTITUTE FOR SUGAR.**—Not only is saccharin not a food, but by its antiseptic properties it renders entirely unalterable the substances with which it may be mixed. To substitute saccharin for sugar, therefore, is to suppress an article of food in order to replace it by an inert body; it is to check or retard the physiological actions which produce the change into sugar of the amylaceous materials; it is, in short, to expose the organism to a double deficit. The delay effected in the change of the fibrin of the albumen is not clearly shown. Hence, the commission concludes that saccharin should not be introduced into food; that it is not a food and cannot replace sugar; that its use, or that of its preparations, seriously disturbs the digestive functions and increases the affections known under the name of dyspepsia, and that it should be prohibited as an article of food. It is said that the Portuguese government has prohibited the introduction of saccharin into that country.—*British Journal of Dental Science*.

**BEES** are said by the *Lancet* to be unerring connoisseurs of saccharin substances. To the human palate cane sugar, beet-root sugar and saccharin are pretty much alike, but bees will have nothing to do with the last two. They are partial to glycerin, but discriminate against impure samples.

**POISONING BY ANTIFEBRIN** is reported in the *Journal of the American Medical Association*, Jan. 19, by Dr. W. R. Allison, of Good Hope, Ill. The patient, a farmer, took at 5 A. M., about seventeen drachms of a mixture containing one ounce of anti-febrin and six ounces of compound tincture of taraxacum—or about 170 grains of the drug. In thirty minutes there was a form of intoxication and a desire to sleep, which he indulged until 10 o'clock.

At 3 P. M. he presented himself at the doctor's office intensely cyanotic, complaining of general weakness, pain near the heart, a soreness beneath the sternum, with a beating pain from temple to temple; to assume erect posture caused giddiness, increased cyanosis, gave a stinging pain in the eyes, and lying down gave freedom from all suffering. No nausea or vomiting, body bathed in perspiration; respiration 30; pulse 110; temperature not taken. He was given stimulants and kept in the recumbent position. The next day he resumed his work.

**THE FARADIC CURRENT**, Prof. Paul F. Mundé says, can be applied to the following conditions: Insufficient development of uterus and ovaries, amenorrhœa, superinvolutions, displacements and interstitial fibroids. Galvanic current: Hyperplasia uterina, chronic ovaritis, and lymphadenitis, pelvic neuralgia, local and reflex neuralgic and mechanical dysmenorrhœa, erosions of the neck, subinvolution, subperitoneal uterine fibroids.

LAWSON TAIT says, in his recently published lectures on ectopic pregnancy and pelvic hæmatocele: "I once saw a surgeon, who is now a baronet and has a court appointment, remove a breast with a tumor in it. After he had the whole thing in his hands he drew his knife across the tumor, and out spurted a lot of laudable pus. He had made his explorative incision after the treatment was complete. Absolute accuracy of diagnosis in the abdomen is very far from being possible; only the ignorant assert that it is, and only the fools wait for it."—*Kan. City Med. Index.*

TREATMENT OF COLD ABSCESSES.—Brauns and Nauwerck, of Tubingen, report the method pursued by them in over fifty cases of cold abscess. After removing the pus with Dieulafoy's apparatus, they inject into the cavity of the abscess a mixture of glycerin and alcohol, equal parts, and iodoform ten per cent. Before and after using the injection the parts are carefully disinfected with corrosive mercury, one to one thousand. The point of puncture is closed with iodoform collodion. The scar remaining after the puncture is closed is so slight as to hardly deserve mention.—*Intern. Clin. Rundschau.*

THIRST IN YOUNG INFANTS.—It is a mistake to suppose, says an exchange, that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained some time in the stomach and digestion has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice which would be greatly benefited or even cured if the child were allowed an occasional drink of water.—*Annals of Hygiene.*

REGENERATION OF THE HAIR.—In the *Semaine Médicale*, November 28, 1888, Besnier recommends the following treatment for baldness. The neighborhood of the bald spot is shaved or the hairs which come out easily are removed, and an application is made of a mixture composed of equal parts of chloroform and glacial acetic acid. This mixture has caustic properties, and must be applied lightly with a camel's hair brush each evening; and if the bare spot be large, only part of it can be treated at a time, or too much pain will be caused.

ALOPECIA.—Bartholow advises:  $\mathcal{R}$  Extracti pilocarpi fluidi,  $\mathfrak{f}\ \mathfrak{z}\ j$ ; Tinct. cantharidis,  $\mathfrak{f}\ \mathfrak{z}\ ss$ ; Liniment saponis,  $\mathfrak{f}\ \mathfrak{z}\ iis$ . Misce. Sig. Rub in the scalp daily.

TO MEND CELLULOID ARTICLES, wet the edges with glacial acetic acid and press the pieces together for a short time.

**TO RESTORE THE POLISH OF INSTRUMENTS.**—Without going into the experiments, I will give you the method of procedure. A saturated solution of chloride of tin in distilled water is made, and with this a number of large test-tubes were filled to a height sufficient to admit of the immersion of the blades of the knives, the forceps, etc. The instruments were inserted and left over night. The next morning they were found quite clean and of a silver whiteness. Rinsing in running water, wiping and rubbing with a chamois, completed the operation. Chloride of zinc solution gave pretty good, but not nearly so satisfactory, results.—*St. Louis Med. and Surg. Jour.*

**WHAT PROHIBITION DOES.**—A gentleman who has spent several months in Kansas says: "Kansas boys ten years old and under never saw a saloon since they can remember. They never saw a man under the influence of liquor. On arriving at man's estate, they will have no more desire for drink than the will have for opium or hasheesh." This is very true, for we believe that, in very many cases, the habit of drinking liquor has found its origin in the imitative propensities of humanity; and where the example is not set, the habit will not be acquired.—*Annals of Hygiene.*

**PREGNANCY as remedy for exophthalmic goitre** is discussed in *Progress Chemical*, and the observation of Charcot, illustrating the ameliorating influence of pregnancy on exophthalmic goitre, is cited, with the history of a case in which the same effect seemed to be produced. It concludes that this phenomenon points to an additional therapeutic resource in that disease, but admits that it is not always easy or expedient to carry out the prescription.

**NUSSBAUM** recommends the application of an ointment containing equal parts of lanolin and ichthyol in the treatment of erysipelas. He covers the affected area with salicylated wool, and claims to obtain a painless cure in two or three days.—*Medical Press.*

**TO LIMIT MARRIAGE.**—A bill has been introduced into the legislature of Kentucky which prohibits marriage with an idiot, lunatic, pauper, vagrant, tramp, gambler, felon, or any person rendered physically helpless or unfit for the marriage relation, or any person with a violent temper.

**CHOREA.**—Prof. H. C. Wood says that antipyrin is a more successful remedy than arsenic. With the latter, the average duration of treatment is sixty to ninety days. With antipyrin he has succeeded in completely arresting convulsive movements within one week.



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It affords us great pleasure to be enabled to present to our readers the valuable article of Dr. A. Laphorn Smith, of Montreal, on "Some Minute but Important Details in the Management of the Continuous Current in Gynecology," found in the current number.

To Dr. Smith, more than to any other American Gynecologist, belongs the credit of having established upon a scientific and exact basis the use of the continuous current in gynecology in this country. He was an earnest student of Apostoli at Paris, and has given to us a faithful translation of his work. Dr. Smith read an interesting paper before the gynecological section of the Ninth International Congress, which provoked considerable discussion and favorable comment, and also another before the Association of American Obstetricians and Gynecologists, at Washington, September, 1888.

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THE AMERICAN ASSOCIATION FOR THE STUDY AND CURE OF INEBRIETY has appointed a committee on "nostrums, proprietary medicines and new remedies." Dr. N. Roe Bradner (A. M. C., '64), 514 South Third street, Philadelphia, Pa., is chairman of the committee, and will be glad to hear from any one who has knowledge of nostrums containing opium, alcohol or other poison, or of the evil results of their sale. This association, of which Dr. Joseph Parrish, of Burlington, N. J., is now president, was organized November 30, 1870, the late Dr. Willard Parker being the first president.

THE LOMB PRIZE ESSAY entitled "Practical Sanitary and Economic Cooking for Persons of Moderate and Small Means," which had just been awarded the \$500 prize, was requested for publication in the *New York Herald*. Mr. Henry Lomb and Dr. Irving A. Watson, secretary of the American Public Health Association, have taken exceptions to the manner in which the essay was presented to the public by the *Herald*, because of the omission of the scientific portion of the essay, including the discussion of the Food Principles and their Functions—(1) Water, (2) Proteids, (3) Fats, (4) Carbohydrates, (5) Salt and Mineral Constituents—and of that part which is the culmination of the entire work—bills of fare for those in moderate means and the poor, for which alone the prize was offered; and because of various misleading interpolations and transformations. The unjust imputation of inferiority of the essay and incompetency of the judges, which the distorted extracts in the *Herald* have placed upon them, will soon be removed when the essay is given to the public in authorized form.

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## BOOK NOTICES.

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TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS.  
Third Session, held at Washington, D. C., September 18, 19 and 20, 1888. Volume III. Philadelphia. Printed for the Association.

This, the third, volume of the transactions is much larger than the preceding ones, and contains papers of great and permanent value, which is enhanced by the fact that many of the papers are on the same or allied subjects; so that a number of topics are presented in various lights and from different points of view. Thus there are six papers on the pathology and physiology of the heart, five papers on albuminuria and Bright's disease, three papers on typhoid fever, and two or more papers are devoted to each of a number of other topics. The papers are all of such a high order of excellence that criticism of them is impossible, and it seems invidious to pick out any one of them for special notice; yet we cannot refrain from mentioning Jacobi's valuable "Contribution to the Anatomy and Pathology of the Thymus Gland," which, with its beautiful plates, will serve as a basis for future work in this line. When we remember that this volume of transactions represents only a small fraction of the work done

at the Congress of American Physicians and Surgeons held in Washington last September, the value of that Congress to American medicine is manifest.

**OPERATIONS OF SURGERY.** By W. H. A. Jacobson, F.R.C.S., Assistant Surgeon Guy's Hospital, etc., etc. 1,006 large octavo pages, 199 illustrations, cloth, \$5.00; leather, \$6.00. Philadelphia: P. Blakiston, Son & Co.

Following is a synopsis of contents, giving number of operations described: Part I., Operations on the Upper Extremity (32 operations); Part II., Operations on Head and Neck (69 operations); Part III., Operations on the Thorax (4 operations); Part IV., Operations on the Abdomen (84 operations); Part V., Operations on the Lower Extremity (46 operations); Part VI., Operations on the Vertebral Canal (2 operations); Appendix, Tapping and Incising the Pericardium; Index of Names; Index of Subjects.

This is designed to be more comprehensive in scope and fuller in detail than any other treatise, yet not one word too much is said. Although this large volume is limited to the surgical operations, no practitioner in these days should be satisfied with any less information than is concisely yet clearly given in its pages.

Modern advances in surgery make modern books necessary, and there surely should be a great demand for so admirable a volume as this.

**THEORY AND PRACTICE OF OBSTETRICS**, including Diseases of Pregnancy and Parturition, Obstetrical Operations, etc. By P. Cazeaux, of Paris. Remodeled and rearranged, with additions and revisions by S Tarnier, of Paris. The Eighth American Edition, edited and revised by Robert J. Hess, M.D., of Philadelphia; with an Appendix by Paul F. Mundé, M.D., of New York city. With chromo-lithographs, lithographs, and other full-page plates, and 175 wood engravings. Students' Edition, 1,221 large-size octavo pages, \$5 00. Philadelphia: P. Blakiston, Son & Co.

This grand classical work, now again revised and modernized, is a monument to the sagacity, skill and labor of the several eminent men whose names it bears on its title-page, and who have each added his own rich quota to the fund of experience and wisdom here embodied.

The book has a cosmopolitan character on account of the different nationalities of its various editors and authors. In following its teachings, one is led by expert minds as good as the best in two hemispheres.

**SKIN DISEASES.** By Arthur Van Harlingen, M.D., Philadelphia Second Edition, enlarged and revised, 410 duodecimo pages, eight full-page plates, and other illustrations. Philadelphia: P. Blakiston, Son & Co.

A special feature of this edition is the illustrations, notably a series on alopecia and some colored plates. The articles are arranged in alphabetical order, dictionary-like, convenient for reference. There is no more satisfactory hand-book for ready reference on skin diseases than this. It is full of suggestions, contains much in small space, and its matter is very accessible. This was true of the first edition, and still more so of this. ✓

**NERVOUS EXHAUSTION.** Its Hygiene, Causes, Symptoms and Treatment By George M. Beard, A.M., M.D., Formerly Lecturer on Nervous Diseases in the University of the City of New York. Second Edition, Revised and Enlarged by A. D. Rockwell, A.M., M.D., Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital. Uniform in Style with Medical Classics. Small octavo, 254 pages. Price, \$2.75. New York: E. B. Treat, Publisher.

"The diagnosis of neurasthenia, moreover, is often as satisfactory to the patient as it is easy to the physician, and by no means helps to reduce the number who have been duly certified to as neurasthenic, and who ever after, with an air too conscious to be concealed, allude to themselves as the victims of nervous exhaustion. The doctrine to be taught and strongly enforced is that many of these patients are not neurasthenic, and under hardly any conceivable circumstance could they become neurasthenic. They do not belong to the type out of which neurasthenia is born, either mentally or physically.

"Many of them are unintellectual, phlegmatic, and intolerably indolent, and are pleased at a diagnosis which touches the nerves rather than the stomach, bowels and liver. Instead of rest, quiet and soothing draughts, they need mental and physical activity, less rather than more food, depletion rather than repletion"—*From Author's and Editor's Preface.*

**GUY'S HOSPITAL REPORTS.** Edited by N. Davies-Colley, A.M., M.C., and W. Hale White, M.D. Vol. XLV., being Vol XXX, of the third series. With a General Index to Guy's Hospital Reports from 1876 to 1888. Price 7s. 6d. London: J. & A. Churchill, New Burlington street. 1888.

Besides contributions by the editors, there are valuable papers by A. L. Galabin, P. Horrocks, C. H. Golding-Bird, and other notable men.

110 P 11

**ELECTRICITY IN DISEASES OF WOMEN**, with Special Reference to the Application of Strong Currents. By G. Betton Massey, M.D., Philadelphia. Well illustrated, 210 pages, \$1.50. Philadelphia and London: F. A. Davis, publisher. 1889.

The author believes this to be the first attempt at a complete treatise on electrical treatment of diseases of women. The work of Apostoli, Englemann, Laphorn Smith and others is "utilized as a guide and mentor," while much of the book is a presentation of the author's daily experience. The laws of electricity are explained in a practical manner. Some of the introductory part has appeared in the *Philadelphia Medical Times*.

**INTERNATIONAL POCKET MEDICAL FORMULARY**, with an Appendix containing many useful tables, illustrations and valuable points. By C. Sumner Witherstine, M.S., M.D., Associate Editor "Annual of Universal Medical Sciences," etc, etc., Germantown, Philadelphia. 269 pages of fine writing paper, besides blank pages interleaved; topics arranged alphabetically, with a thumb index. Flap leather binding, \$2.00. Philadelphia and London; F. A. Davis, publisher. 1888.

The author has drawn from the larger works of Ringer, Bartholow, Fothergill, Aitken, Beasley, and Potter, and from the "Annual of the Universal Medical Sciences" (Lea Brothers & Co.), and Keasby and Mattison have furnished much of the Appendix. The book will be prized by all prescribers, especially by students.

#### EXCHANGES, PAMPHLETS, ETC.

##### EXCHANGES.

*Medicinische Monatsschrift.* Band I., Heft 1, Januar, 1889. Redigirt von Dr. A. Seibert, New York city.

*Public Opinion.* 24-page 4to weekly, \$3.00 a year, 10 cents a copy. Public Opinion Co., Washington, D. C.

##### PAMPHLETS.

Early Recognition of Cancer of the Cervix. H. C. Coe, M.D., New York city. *Medical News*.

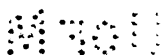
A Defense of Electrolysis in Urethral Strictures. Robert Newman, M.D., New York. *Medical Register*.

The Electrolytic Decomposition of Organic Tissues." George H. Rohé, M.D., Baltimore. *N. Y. Medical Journal*.

Biennial Message of Richard J. Oglesby, Governor of Illinois, Jan. 9, 1889, with reference to the State Board of Health.

Board of Health of the City of Poughkeepsie, N. Y., Second Annual Report, 1888. John P. Wilson, M.D., Health Officer.

The Technique of Ovariectomy as Practiced at the University Hospital. By Lewis H. Adler, Jr., M.D., Philadelphia. *Medical News*.



- Osteotomy for Anterior Curves of the Leg. DeForest Willard, M.D., Ph.D., Philadelphia. American Orthopaedic Association, Sept., 1888.
- The Comparative Danger to Life of the Alternating and Continuous Electrical Currents. Harold P. Brown, Electrical Engineer, New York.
- The Cortical Localization of the Cutaneous Sensations. C. L. Dana, A.M., M.D., New York. *Journal of Mental and Nervous Diseases*.
- A Case of Hodgkins' Disease, Accompanied with a Possible Resulting Paraplegia. Lewis H. Adler, Jr., M.D., Philadelphia. *Medical News*.
- Pressure Forceps *versus* the Ligature and the Suture in Vaginal Hysterectomy. E. C. Dudley, M.D., Chicago. "Gynecological Transactions."
- State Reformatory of Elmira, N. Y., Report for the year ending Sept., 1888. William C. Wey, M.D., Elmira, President of the Board of Managers.
- Success and Failure of Electrolysis in Urethral Strictures, especially Dr. Keyes' Method Reviewed. Robert Newman, M.D., New York. *Medical Times*.
- On the Relation between the General Practitioner and the Consultant or Specialist. By L. Duncan Bulkley, A.M., M.D., New York. *Journal A. M. A.*
- Note on Rumbold's Method of Treatment of Catarrhal Inflammations of the Upper Air Passages. By Ely McClellan, M.D., Surgeon U. S. A. *Journal A. M. A.*
- The Training of Nurses. Address before Convention of State Board of Charities and Corrections, at Grand Rapids, Mich. Hal C. Wyman, M.S., M.D., Detroit. *Med. Register*.
- The Immediate Application of Forceps to the After-coming Head in Cases of Version with Partial Dilatation of Cervix. H. C. Coe, M.D., M.R.C.S., New York. *Medical News*.
- Origen y Causa del Escrofulismo y su Profilaxis. Madrid, Mayo, 1888. Dr. D. Baldomero Gonzalez, Alvarez, Director fundador de la Revista. *Archivos de Medicina y Cirugía de los Niños*.
- Illinois State Board of Health. Report on Medical Education, Medical Colleges, and the Regulation of the Practice of Medicine in the United States and Canada, 1765-1889. By John H. Rauch, M.D., Secretary, Springfield, Ill.
- Pulmonary Consumption Considered as a Neurosis. Two of a series of evening lectures by the faculty of the Philadelphia Polyclinic, course of '88. By Thos. J. Mays, M.D., Philadelphia. *Therapeutic Gazette*.
- Contributions to the History of Development of the Teeth. Carl Heitzman, M.D., and C. F. W. Bodecker, D.D.S., M.D.S. Illustrated with 42 very valuable plates of microscopic sections. *Independent Practitioner*.
- Food Versus Bacilli in Consumption" (Opus 286). An Open Letter from Ephraim Cutter, M.D., LL.D., Corresponding Member Société Belge Microscopie, etc., to his son, John Ashburton Cutter, M.D., B.Sc., with Answer. From *Virginia Medical Monthly*, Dec., 1888. Published by the author. The Ariston, Broadway and 55th street, New York.
- Cornell University College of Agriculture. Bulletin of the Agricultural Experiment Station, No. 3: "The Insectary of Cornell University," "On Preventing the Ravages of Wireworm," "On the Destruction of the Plum Curculio." By Prof. John Henry Comstock. The importance of insect poison in farming is analogous to that of antiseptics in surgery and medicine.
- Public Health a Public Duty; the Organization, Powers and Relations of Local, State and National Boards of Health. President's Address, American Public Health Association, Milwaukee, Nov. 20, 1888. By Charles N. Hewitt, M.D., of Red Wing, Minnesota. Printed in Concord, N. H. President Hewitt is a graduate of the Albany Medical College, class of '57.

## MISCELLANEOUS.

Messrs. J. B. Lippincott Company, Philadelphia, announce to the profession the publication of a "Cyclopædia of the Diseases of Children," medical and surgical, by American, British and Canadian authors, edited by John M. Keating, M.D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals. The only work of the kind that has been published in English. \$5.00 a volume, cloth; \$6.00, sheep; \$6.50, half Russia.

## MEDICAL NEWS.

## ALBANY COLLEGE OF PHARMACY.

Twenty-two young men, forming the eighth class of the Albany College of Pharmacy, were graduated as pharmacists Tuesday evening, March 5, and when the exercises in Jermain Hall celebrating the event were concluded, the Alumni Association entertained the graduates in the Delavan House.

The exercises in the hall were opened with the overture "Summer Festival" (Clare), and prayer by the Rev. C. A. S. Heath. After the fantasie "Diane de Poitiers" (Marie), H. E. Webster, LL.D., president of Union University, of which the College of Pharmacy is a branch, conferred the degree of Ph.G. on the following:

Warren L. Bradt, Albany, N. Y.; Charles P. Callen, Glens Falls, N. Y.; Jonathan P. Carpenter, Albany, N. Y.; J. Howard Cohen, Albany, N. Y.; Archibald Gilbert, Albany, N. Y.; George B. Grady, Green Island, N. Y.; George A. Harrig, Albany, N. Y.; Huvand H. Hekimian, Armenia, Asia Minor; Herbert E. Hoff, Fulton, N. Y.; Robert B. Lamb, Lansingburgh, N. Y.; Thomas R. Leddie, Saratoga, N. Y.; Edward Loeb, Albany, N. Y.; Isaac Livingston, Albany, N. Y.; William McAllaster, Albany, N. Y.; Henry G. Miner, Albany, N. Y.; Charles E. Patrick, Gloversville, N. Y.; Arthur Sautter, Albany, N. Y.; William W. Spaulding, Salem, N. Y.; H. Ensign Stover, Lansingburgh, N. Y.; J. Edward Terpening, Waterford, N. Y.; Charles H. Van Buren, Albany, N. Y.; Charles C. Watkins, Jr., Woodstock, Vt.

Prof. H. P. Warren, principal of the Albany Academy, addressed the graduates, taking as his subject "Conditions of Success," and propounding many maxims for success. He urged the necessity for persistent, hard work and close application, and pointed out the true road to proficiency and greatness. George B. Grady, of Green Island, was the valedictorian. He acquitted himself in an admirable manner. When the last strains of the "Golden Rod"

(Holding) by the orchestra had died away, Prof. Willis G. Tucker announced that the first prize of twenty-five dollars for the member of the graduating class passing the best general examination was awarded to Henry G. Miner, of this city, and honorable mention accorded to Charles P. Callen, Glens Falls; Charles C. Watkins, Jr., Woodstock, Vt., and Charles H. Van Buren, Albany; and the second prize, twenty dollars, for the member of the junior class passing the best general examination, was awarded to Howard J. Conyne, of Johnstown, while E. O. Hapgood, C. H. Mansheffer and Frank S. Veeder were given honorable mention. The "Pearl of Pekin" waltz was rendered as the audience departed.

It was past ten o'clock when the alumni association, to the number of forty-four, sat down to a tastefully-set table in the small dining-room of the Delavan House. The appetites of all, sharpened by the intellectual feast that preceded, did full justice to a ten-course dinner. When the crumbs were brushed away, and the cigar-smoke began to wreath overhead, Dr. Willis G. Tucker, as toastmaster, announced as the first sentiment "Tonight," and called upon Leonard H. Wheeler ('83) to respond. The remaining toasts and responses were: "Alma Mater," by Harry M. Sweet ('86); "1889," by Archibald Gilbert ('89); "The Medical Fraternity," by H. S. Hekimian ('89); "The Fair Sex," by S. S. Smith ('88); "The Pharmacist," by Dr. A. B. Husted; "Grover Cleveland," by George B. Grady ('89); "Benjamin Harrison," by Will A. Livingston ('87); "Auf Wiedersehen," by Prof. G. Michaelis; "The Clergy," by the Rev. C. A. S. Heath. H. M. Sweet ('86) rendered a baritone solo. Speeches were made by Prof. H. E. Webster, Pres. H. P. Warren and C. S. Haskins. The exercises and banquet were of the pleasantest nature throughout.

#### THE ALUMNI ASSOCIATION.

The Alumni Association elected the following officers: President, Frederic C. Newdorf, Jr. ('84); first vice-president, W. H. Conley ('88); second vice-president, H. Ensign Stover ('89); secretary, Edward Loeb ('89); treasurer, E. F. Hunting ('87); historian, W. L. Bradt ('89); executive committee, L. Sautter, Jr. ('82), Fred. Shaffer ('87), G. B. Grady ('89), William McAllaster ('89), Herman Pareira ('86), president *ex-officio*, Charles N. Gilbert ('86). Appropriate resolutions were adopted regarding the death of Mr. Archibald McClure, whose interest in the



college will not soon be forgotten. It was resolved also to forward an address to the pharmacopœal convention in June regarding the use of weights and measures in the manufacture of galenicals.

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#### NEW YORK PHYSICIANS' MUTUAL AID ASSOCIATION.

Daniel Lewis, M.D., president, in the twentieth annual report shows that, during the year, sixty-four new members have been added. The number in good standing now enrolled is 505—a larger membership than ever before.

The fee is two dollars initiation, and one dollar assessment for each death on all members admitted under fifty years of age; two dollars assessment from all admitted when over fifty years old. When a member has paid twelve consecutive two-dollar assessments, his subsequent assessments shall be one dollar each.

A member in distress may receive a loan from the association nearly equal to his interest in the assessment fund; he pays no interest and no principal unless able to do so, the entire claim being adjusted after death. This feature makes membership of great value to the younger members of the profession.

The medical examiners are: Drs. F. C. Curtis, Albany; W. J. Nellis, Albany; F. H. Parker, Auburn; W. W. Hewlett, Babylon; L. Halsey, Bridgehampton; F. H. Potter, Buffalo; R. R. Thompson, Delhi; H. Flood, Elmira; I. DeZouche, Gloversville; C. M. Wilson, Gouverneur; A. M. Campbell, Mt. Vernon; S. Ely, Newburgh; Z. E. Lewis, New Rochelle; W. S. Ely, Rochester; O. F. Kinloch, Troy; J. H. Seabury, Yonkers; T. G. Wetmore, New York city.

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#### PERSONAL.

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—Dr. Selwyn A. Russel ('77) arrived in Albany, Tuesday evening, February 12, on his return from a tour around the world in company with Mr. John H. Rathbone. They sailed from New York on February 2, 1888, for San Francisco, and have visited Japan, China, India, Palestine, Italy, France and England. Dr. Russell will probably resume practice in Albany.

—Dr. F. E. Schley ('81), has moved from Pine Hill, Ulster county, to 164 West 34th street, New York city.

# ALBANY MEDICAL ANNALS.

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SEMI-CENTENNIAL ANNIVERSARY OF THE  
ALBANY MEDICAL COLLEGE,  
MARCH 21, 1889.

ADDRESS BY DAVID MURRAY, LL.D.

*Mr. President and Gentlemen :*

This is an age of centennial and semi-centennial anniversaries. Our nation and our institutions are reaching and passing in rapid succession their great time epochs. Within a few years we have seen the centennial anniversary of the nation celebrated, and the month following this the centennial anniversary of the inauguration of our first president is to be solemnized. The two hundred and fiftieth anniversary of Harvard University, the bi-centennial anniversary of Albany, the centennial anniversary of the settlement of Ohio, the seventy-fifth anniversary of the Albany Academy, have each been suitably commemorated.

Now we are to celebrate an event in which we take a particular pride—an event which appeals to our local interest, and in which we justly and rightly feel a deep and profound concern. Fifty years ago the Albany Medical College was chartered by the legislature of the state of New York. And in connection with this notable occasion we wish to recall the circumstances which preceded and led to it, the men who were instrumental in establishing it, and the benefits which their action has conferred on this ancient and honorable city.

Even half a century carries us back in the profession of medicine to a state of things vastly different from the present. Take away from medical practice the influence of anæsthetics, which were discovered and introduced in 1846;

take away the principles of germs as productive of disease; take away the practice of exsection of bones, which first was extensively used in our civil war; take away auscultation and the use of the stethoscope and the ophthalmoscope, which are recent additions to our medical practice; take away all the new medicines which have been introduced into our *materia medica* within a period of twenty-five years, and you come back to a condition of medical science which even these learned doctors themselves cannot realize.

I propose, in the remarks which I am to make on this semi-centennial anniversary, to look at the condition of the medical profession during the time immediately preceding the establishment of this medical college. Everybody knows that the earliest settlement of Albany and its vicinity was made by the Hollanders. It is not so plain, however, how these early settlers got on in their daring ventures without medical assistance. In the early life of this colony there was no cessation in the birth of children or the sickness and death of both old and young. We would think it very hard in these latter days, in the various circumstances which surround us, to be beyond easy call of our doctors. But we must remember that even in the old and well-settled countries from which these colonists emigrated, medical science\* and the medical profession had not attained to the position they now hold. There were, it is true, a few accepted remedies which were given in the case of certain diseases, and there was a theory for the existence of these diseases. But the theories then prevalent have long since been abandoned, and very many of the remedies have been replaced by others whose efficacy has been found more potent.

The truth seems to be that nature did most of the curing in those days, as perhaps she does yet. The doctors stood by and did what they thought was very important, but, after all, nature effected the cures, and men and women got on almost as well as if they received more active and powerful aid. So, when our Dutch ancestors left Holland and all its medical science, and came to their new home on the banks of the Hudson, they suffered less in leaving behind their physicians than we might imagine. Besides, we should not forget that the colonists who first came to America were

\*During a long residence in the East, I used often to see in the Buddhist temples old sandals hung up in recognition of cures supposed to have been wrought by the saints of the temples. In one of the noted temples in Tokio there was a little wooden idol which was supposed to control rheumatic pains. Persons suffering from such pains came to the temple, and, having rubbed the part of their own body affected, transferred the pain to the little wooden idol by rubbing the corresponding parts. From long use in this way the shoulders and arms and legs of the poor little idol had been nearly rubbed away.

mostly young and well and strong. The old and feeble, the sick and diseased, would not undertake so perilous an enterprise. Nothing could hinder the well from becoming sick, and the sick from dying, but the chance and the danger of such sickness and death were much less in a community made up of the young and energetic members of society, entering upon a fresh out-door life, than in the communities from which they came.

But the promoters of these schemes of colonization were not entirely negligent of the health and physical comfort of those whom they sent out. We read of comforters of the sick ("krank-besoeckers"\*) being sent out with the first colonists by the Van Rensselaers. The duties of comforters of the sick were chiefly religious; they administered religious consolation, and read the scriptures and the creed in the church service. In addition the clergyman of that day, especially such as volunteered to go to the new and untried regions of the American colonies, were nearly always skilled in curing the bodies as well as the souls of their parishioners. Dominie Samuel Megapolensis came over to America with his father, Dominie Johannes Megapolensis, in 1642. He was sent to Harvard College in 1657, where he remained three years. Then he went to Leyden, where he was licensed as a clergyman in 1662, and where he obtained also the degree of Doctor of Medicine. After his licensure he returned to America and became pastor of the Dutch Church in New York. Rev. George Wilhelmus Mancius, who came from Holland to America as the pastor of the first Dutch church established in Ulster county, was not only a strong and able preacher, but he was also a good practitioner of medicine. His son, who was a physician in Albany from 1758 to 1808, studied his profession under his father's care.

The first regularly educated physician of whom we have any account who came to Albany seems to have been Jean de la Montagne. He came over with a colony of Walloons under the leadership of Jesse DeForest in 1629, being then described as a student of medicine. He returned to Holland in 1626 with the widow of DeForest, whose daughter he married in Leyden. He came out a second time in 1636 to America, being spoken of now as the learned Huguenot doctor. He resided in Albany, and besides his duties as a physician acted as notary in taking the acknowledgment of transfers of land and other notarial duties.

\*Sebastian Jansen Crol, the vice-director of the colony, and Jan Huyck came in 1626 to Fort Orange, and were denominated krank-besoeckers (comforters of the sick).

Abram Staats (or Staes), surgeon, came to America in 1642 with Dominie Johannes Megapolensis. He was a leading citizen of Albany. He owned the plot of ground on which the present United States Government building stands, and the street now called State street running from Broadway down to the river is named on an old map as Staes' alley.

The wars which were waged in this country, in which the English and French and the Indians were engaged, brought to this country not infrequently skillful surgeons. Notable among these was Dr. Samuel Stringer.\* He came to Albany from Maryland about the end of the French war and finally settled here, where he continued till his death in 1817. He was justly considered at the head of his profession, and is spoken of by those remembering him as a conspicuous figure, tall and always scrupulously well dressed in the style which was prevalent in his active days.

When our revolutionary war was ended and the rich regions of Central and Western New York were opened up to settlement, there was a continuous stream of emigrants from New England. The usual route for them was to cross the Hudson at Albany and make their way either up the Mohawk Valley by Schenectady and Utica, or by way of Cherry Valley and Richfield Springs to Central New York, and so on to the Genesee country, which at that time was the El Dorado of the emigrant. In this rapid settlement of the country the young doctors just graduated from Harvard or Columbia or Pennsylvania found plenty of space for the display of their skill. Thousands of new settlements were formed, and each was anxious to secure good medical service. I fear they were often imposed upon by the pretentious charlatanry of those who came amongst them, and sometimes, perhaps, felt like exclaiming with the writer in the Apocrypha, "He that sinneth against his Maker, let him fall into the hands of the physician."

The country doctor's† life was by no means an easy one. The roads were rarely of a character to admit of his riding in a wagon. His chief mode of travel was on horseback. He carried with him a pair of saddlebags, in which were carefully bestowed the bottles containing the medicines which he expected to administer, and the few primitive

\* A bill of Dr. Stringer's, showing how accounts were rendered in those early days, furnished by Dr. Thomas Hun, will be found on page 82, Vol. VI., of the ALBANY MEDICAL ANNALS.

† Dr. Oliver Wendell Holmes pictures the physician of his early days as "he would look at the tongue, feel the pulse, and shake from his vials a horrible mound of ipecac, or a revolting mass of rhubarb—good stirring remedies that meant business, but left a flavor behind them that embitters the recollections of childhood."

instruments he might be called upon to use. There were few or no drug shops where prescriptions might be made up, and a doctor's office was always a place where a pestle and mortar could be found and where the surplus energy of the office boy and often of the doctor himself was expended in compounding pills and manufacturing decoctions.

Even my recollection goes back to this primitive and laborious practice. I can easily recall the good old doctor who watched over myself and a goodly brood of Scotch brothers and sisters. I know it was generally said that he had been a gardener in Scotland, and in this capacity served a Scotch doctor. Being of an intelligent and investigating turn of mind he spent his leisure in reading his master's books on medicine, and often was called upon to aid him in the treatment of patients who came to his office. I have no doubt that in this way he had to hold many heads from which stubborn teeth were extracted, and perhaps many a leg or arm which had to be taken off by the rough processes which prevailed at that time. But with all his rude tutelage he had in him the making of a good, conservative physician, and was more to be trusted than many men who may have had a greater amount of technical learning, but much less common sense than our old Scotch friend. I have still a little book called the Life of General George Washington, which he gave me when I was a very small, but a very sick, patient, with a stipulation that when I had learned to read the first page it should become wholly mine. With painful reiteration I at last earned the little volume which I still keep as a memento of my first literary efforts.

The first law relating to the practice of medicine in this state is Chap. 198, Laws of 1760, entitled "An act to regulate the practice of physick and surgery in the city of New York."

Section 1 provides that no person may practice physick and surgery unless examined and licensed.

Section 2 provides that any person practicing without such license forfeits five pounds, one-half to go to the informer and the other half to the church wardens and vestry.

The State Medical Society was established in 1806. The law chartering it was the first great step taken by the profession to put themselves in a position to protect the community from quackery and ignorance. The same law provided for the organization of county medical societies, and gave them authority, through censors to be chosen by them, to determine who were fitted to enter the profession. Within a few years medical societies were formed in almost

all the counties of the state, and the medical profession was organized into a compact and homogeneous body, which could protect itself and the communities.

But the means of educating young men for this profession became more essential as the standard was gradually raised. In the early history of our state the education of the young physician was chiefly a matter of apprenticeship. The young man entered the office of the older practitioner, and learned as best he could how to manufacture the medicines which were daily used, and how to treat the patients who came to his master's office. Now and then he went with his master to see some sick patient, or to assist him in holding a child who had a hare-lip to be sewed up or a broken arm or leg to be set. Gradually and by no means ineffectually he learned to deal with the ordinary cases which arise in a country practice. A few medical books, old and well thumbed, served to give him a kind of knowledge which he could not meet, except on rare occasions, in the ordinary routine of a country physician's experience. His master, if he was a man of ability and thought, would be anxious to talk over the cases of his patients, and would be glad and proud to see his student acquiring the knowledge and the experience which would in time make him a successful practitioner. The law required that a student should study medicine with a practitioner at least three years before he presented himself to the censors of the medical society for examination and licensure.

There were in the cities oftentimes men who had studied medicine in the celebrated schools of Europe. Leyden and Edinburgh and Paris and Dublin early became famous as centres of medical education, and very many of the physicians in the different cities of America were educated in one or the other of these places.

But it was impossible to provide all the necessary medical skill for a rapidly growing country like the United States by the chance supplies which came to it from these distant and irregular sources. It was necessary, as in the case of the clergy and the lawyers, to have the sources of supply near at hand and responsive to the demands which were constantly growing more imperative.

The first medical college organized in the United States was the Medical Department of the University of Pennsylvania, which was begun in 1765. The College of Physicians and Surgeons of New York was organized in connection with Columbia College in 1788, and in 1807 obtained a separate charter. The Medical School of Boston, now the

Medical Department of Harvard University, was begun in 1782, the Medical Department of Dartmouth College in 1798, and the University of Maryland in 1807. The second medical college to be started in our state was the College of Physicians and Surgeons of the Western District,\* which was chartered in 1812. The legislature granted it \$15,000, to be raised by a lottery, which at that time was a common and unobjectionable method of raising money, to which colleges and academies, and even churches, were not ashamed to resort. It has been discontinued by all except perhaps churches, which still occasionally use the lottery to raise funds. This medical college was located at Fairfield,† in Herkimer county, where it flourished a good many years, and finally died out because it came to be understood that medical colleges could not be well sustained except in large cities where hospitals are to be found and where it is possible to obtain subjects for dissection.

The next medical college to be organized was that at Geneva. The central and western parts of the state were increasing so rapidly that this must be taken as a concession to their growing importance. Geneva was a thriving and ambitious little village, and the medical college established there in 1835 was for a time well sustained. At its most successful period, probably about 1843, it had seven professors, 195 students and 45 graduates. In 1873 it was finally transferred to Syracuse, where it is now conducted as the Medical Department of Syracuse University.

Almost at the same time with the Geneva Medical College the Albany Medical College was founded. Like most educational enterprises of that day it had a long period of preparation and inception.

The earliest and most efficient advocate of the new enterprise was Dr. Alden March, the distinguished surgeon, whose name has added so much lustre to this college. Dr. March was born in Sutton, Mass., in 1795, and died in 1869. He removed to Albany in 1820, being one of those enterprising young men who thought the staid condition of New England did not furnish an opening sufficiently attractive to a young man of his energy. Almost immediately after his settlement in Albany he began in 1821 a course of lectures

\* The venerable Dr. Mather, of Fairfield, whose recollection goes back to the origin of the medical college, and even to the academy which preceded it, wrote some years ago a series of articles giving the early history of the college. I have had access to these articles while I have been preparing this address. The academy flourished greatly before the medical college was started under Principal Alexander. One of his schemes was to have a series of lectures on anatomy and physiology, and out of this scientific tendency sprang the medical college.

† The medical college at Fairfield was at one time one of the most flourishing medical schools in the country. It continued about thirty years, and is said in that time to have matriculated 3,018 students and to have sent out 555 graduates.



on anatomy, illustrated by dissections. They were given in a small wooden building in Montgomery street, north of Columbia. These lectures were attended by young practitioners and by students who were pursuing medical study in the offices of the practitioners in the city. The great difficulty which Dr. March experienced was in securing subjects for dissection. The prejudice against dissecting the human body was at that time very great, and even the benefit to be derived was not sufficient to overcome the adverse feeling. Dr. March was compelled to obtain his subjects from Boston, and he sometimes took the long drive from Boston to Albany, at no little personal discomfort and danger, in order to furnish to his pupils the subjects which they needed.

In 1825 Dr. March was appointed professor of anatomy and physiology in the Vermont Academy of Medicine, at Castleton. He lectured there, yet continued to reside at Albany, for ten years, and in 1835 resigned it, owing to the increase of his private practice, and the energy and activity which he threw into the many home enterprises in which he engaged. Dr. March became convinced that a successful medical college could be started here. In 1830 he delivered a public lecture on the propriety of establishing a medical college and hospital in Albany. This lecture created great enthusiasm, and led to the presentation of a petition to the legislature for a charter. But charters were not so easily obtained in those days as they have been in later times, and so the application was not granted. The same fate followed several other efforts. Still the private anatomical school of Dr. March continued to flourish. The circular for 1833 gives the names of fifty-one students in attendance and a faculty of six instructors.

Dr. Armsby\* was an adjunct of Dr. March in much of his early work, and was recognized from the first as an excellent lecturer. He deserves to be named with Dr. March as one of the founders of this college.

He was born in Sutton, Worcester county, Mass., December 31, 1810. He followed his early friend, Dr. March, to Albany in 1830, and entered his office as a student of medicine. Anatomy was the subject in which from the first he took the chief interest. In 1833 Dr. Armsby was graduated from the Vermont Academy of Medicine, where Dr. March was at that time a professor. He returned to Albany and engaged actively in his profession; but at the same time he

\* This account of Dr. Armsby is chiefly taken from the biographical sketch by Dr. W. G. Tucker in the Transactions of the State Medical Society, 1876.

was chosen in 1834 professor of anatomy and physiology in the medical college at Castleton. In this position he served till 1838, when he resigned it in order to give his whole time to the new medical school in Albany. He took an active part in the plans for this medical college, and was chiefly instrumental in raising the first subscription which was needed to put the building in a condition suitable for its new uses. He had been associated with Dr. March in the private school of anatomy and surgery which was begun in 1821.

The efforts which were made to organize the Albany Medical College were approaching a culmination. Dr. Armsby delivered a course of lectures in 1837 on anatomy, which were attended by prominent citizens of Albany who united in complimentary resolutions. Greene C. Bronson, Daniel D. Barnard, Gideon Hawley, Erastus Corning, Gerrit Y. Lansing, Friend Humphrey, James Stevenson, John I. Wendell, John Meads, Robert Boyd, and Amos Dean are mentioned among those who joined in these complimentary resolutions. In April, 1838, a meeting of citizens was called to consider further the organization of a medical college. This meeting was attended, among others, by the following: Ira Harris, Bradford R. Wood, Robert H. Pruyn, George Dexter, James Goold, John O. Cole, Thomas McElroy, Dr. Alden March, Dr. James H. Armsby, James McKown, Conrad A. Ten Eyck, Samuel Stevens, and John Davis.

After an explanation of the plan of a medical college, a resolution was adopted favoring the effort to secure a charter. A second meeting was held in May, 1838, at which still further steps were taken. Among the most important was a communication from the common council, granting to the proposed college, at a nominal rent, the use of the present building,\* which had been erected by the city for the Lancaster School. This school had been in existence since 1819, but was now discontinued. The building was in need of some repairs, but was in the main well fitted for the purpose.

The sum of \$10,000 was expended on the building, which was raised by the citizens. Stephen Van Rensselaer gave

\* It may not be without interest to trace the history of this building in which the Medical College is now held. It was erected by the city as a Lancaster School, and occupied by it under the charge of a Scotchman named William A. Tweed Dale till 1834, when it was discontinued. The building belonged to the city, and stood empty for several years. On the organization of the Medical College in 1838, the city granted it to the new corporation at a nominal rent of one dollar per annum. An application had also been received to lease the building for a piano factory; it may be taken as an indication of the estimate in which science was held, that the application of the Medical College was preferred. In 1874 the property was leased for ten years to the college at \$2,000 per annum, of which the Law School, which occupied the south wing, paid one-third. Finally in 1877 the property was purchased by the corporation for \$12,000, and is now owned and occupied by the Medical College. The Law School, in 1879, purchased premises on State street, which it now occupies.

\$500, a number of others \$100 each, but a large part of the sum was contributed in small sums of ten dollars each. The repairs and changes of the building were finished in September, 1838, and the many and valuable specimens of Dr. March and Dr. Armsby were arranged in the museum.

The first course of lectures in the new college building began January 3, 1839. While I write these lines there is lying before me the printed introductory lecture\* of Dr. David M. Reese, of New York city, who at this time held the position of professor of the theory and practice of medicine. I have also before me the first announcement of the college under its new name of Albany Medical College. The first course of lectures was delivered before fifty-seven students. The faculty consisted of the following persons: Ebenezer Emmons, M.D., Professor of Chemistry and Natural History; James H. Armsby, M.D., Professor of Anatomy and Physiology; David M. Reese, M.D., Professor of the Theory and Practice of Medicine; Alden March, M.D., Professor of Surgery; Henry Greene, M.D., Professor of Obstetrics and Diseases of Women and Children; David M. McLachlan, M.D., Professor of Materia Medica and Pharmacy; Amos Dean, Esq., Professor of Medical Jurisprudence.

The college was chartered by the legislature by an act passed February 16, 1839. This charter creates a corporation under the name of the Albany Medical College, and names the persons to act as trustees;† it authorizes the corporation to hold property to the amount of one hundred thousand dollars; it authorizes the trustees to appoint professors and to confer the degree of Doctor of Medicine, and created the diploma a license to practice medicine.

The first commencement was held April 24, 1839, when the degree of Doctor of Medicine was conferred on thirteen young men.

Following this commencement in the month of June, Gunning S. Bedford, M.D., was appointed a professor in place of Henry Greene, M.D., who had resigned, and Thomas Hun,‡ M.D., then just returned from Europe, where he had

\* For this and other printed memoranda of the history of the Medical College I am indebted to Dr. W. G. Tucker.

† The first trustees of the Albany Medical College, as named in the charter, are given below. Of all this body of distinguished men only one remains alive, Hon. Bradford R. Wood. Shortly after the organization of the board, George Dexter, Esq., was chosen secretary, and held the office until his death only a few years ago: Daniel D. Barnard, Samuel Stevens, John Tayler, Friend Humphrey, James Goold, John I. Wendell, Andrew Kirk, Conrad A. Ten Eyck, Ira Harris, Bradford R. Wood, John O. Cole, William Seymour, Israel Williams, Oliver Steele, Robert H. Pruyn, John Groesbeck, John Trotter, Charles D. Gould, Arnold Nelson, Thos. McElroy, Philip S. Van Rensselaer, George Dexter, John Davis, the Mayor of Albany, the Recorder of Albany, *ex-officio*.

‡ Dr. Thomas Hun's ancestors came to Albany in 1660. He was born in a house which stood next to Stanwix Hall. He studied medicine with Dr. Platt Williams, one of the eminent practitioners of an early day, who was a surgeon in the war of 1812.

gone to study his profession, was appointed Professor of the Institutes of Medicine.

Of this distinguished body of medical instructors who composed the earliest professors of the college, Dr. Hun alone survives to witness its semi-centennial anniversary. The rest have gone before us, covered with the honors which duties well done and lives well lived always bring with them.

And others have gone with them, a distinguished galaxy of names which may well make you proud of this college.

Dr. James McNaughton was appointed professor in this college in 1840, and continued without interruption to lecture to successive classes until his death in 1874. He had obtained his preliminary and his medical education in his native country of Scotland, which was already famous as a centre of medical science. He came from Scotland as surgeon of an emigrant ship which landed at Quebec in 1817. Soon after his landing he visited one of his relations then resident in Albany, where he concluded to settle and practice his profession. It was early in his career that Private Hamilton, who murdered the commander of his regiment, Col. Birdsall, at West Troy, was executed, and his body was handed over to the physicians for dissection. The occasion was rare, and created a great excitement among the profession. Dissection was not then the common thing which it has become in these latter days. Dr. Hun tells me that he remembers perfectly well a respectable practitioner from the country thanking Dr. March very earnestly for showing him some of his anatomical preparations, and assuring him that it was the first time he had ever seen a human skeleton. Dr. McNaughton began the dissection of this criminal, and exhibited so much skill that all desired him to finish and give a complete demonstration of the body.

Owing to the credit he gained by this dissection he was appointed, in 1820, professor in the medical college at Fairfield, where he continued to lecture till 1840. His long service in the two medical colleges—twenty years in Fairfield and twenty-four years in Albany—makes him one of the notable medical teachers of our country and age.

I should not do justice to my subject if I failed to mention, in connection with this college, Dr. Lewis C. Beck and his still more distinguished brother, Dr. T. Romeyn Beck. Lewis C. Beck was a professor in this college from 1840 to 1853. He was a man of commanding talents, and was selected to write the volume on Mineralogy for the Natural History of the State of New York. In 1830 Dr. Beck was

elected Professor of Chemistry in Rutgers College. He held the positions both at New Brunswick and Albany, performing the duties of both with unwearied fidelity. He died in 1853.

Dr. T. Romeyn Beck was even more noted than his distinguished brother. He was born in Schenectady in 1791, and died at Albany in 1855, sixty-four years of age. He was graduated from Union College in 1807, and from the Medical Department of Columbia College in 1811. He commenced the practice of his profession in Albany, and was at once appointed physician to the almshouse. But the practice of medicine was never to his taste, and he soon abandoned it for the study and literature of scientific subjects. He was professor in the Fairfield Medical College from 1816 to 1840. On the discontinuance of the medical college at Fairfield, Dr. Beck was appointed Professor of *Materia Medica* in the Albany Medical College in 1842, and remained in this position till 1853. He also became, in 1817, principal of the Albany Academy, and remained in this position till 1848. Hundreds of men, still living, remember with pleasure and gratification his genial and wholesome reign in that home of Albany boys. It was while he was principal of the academy that he prepared his great work on Medical Jurisprudence which gave him a reputation at home and abroad. When he first became principal, he was also a professor at the Fairfield Medical College. He was therefore compelled from time to time to leave his academy boys in order to give his lectures at Fairfield.

In 1840 the Fairfield Medical College was given up, having been crowded out by its younger rivals, Geneva on the west and Albany on the east. As in the case of Dr. McNaughton, Dr. Beck was immediately elected a professor in the Albany Medical College, where he remained till he was elected, in 1841, Secretary of the Regents\* of the University. In this last office I have had endless opportunities of seeing the evidence of his industry and fidelity. Besides the duty of caring for the colleges and academies under the charge of the Regents, Dr. Beck took the deepest interest in the State Library and State Museum. In addition to his scientific attainments, he was a notable scholar in *belles-lettres*. The vast strides which the library took during his secretaryship were chiefly due to his zealous and well-directed efforts in its behalf.

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\* Principal Wm. A. Miller told me that when he was at the head of the Albany Academy he consulted Dr. Beck, who was President of the Board of Trustees, in reference to giving the boys a holiday on some public occasion. Dr. Beck warned him against giving the boys needless holidays. He said that when he was principal he closed school when Strang was hung, and it made a great talk.

It is impossible for me to dwell in detail on the men who have made this college famous.

Dr. Howard Townsend! A true and noble man! What a loss was his death to this college and to the cause of medical education!

Dr. Quackenbush, who served this college with eminent success from 1856 to his death in 1876!

Dr. Vander Poel, who began his services here in 1867, and, although absent a great part of the time on official business, yet served this college as professor down to his death in 1886! He was naturally and inherently scientific. And yet it was not his knowledge of science which made him what he was. He was a genuine and noble man in the highest and best sense, and you who have had the privilege of listening to his lectures when he was professor in this college, and have shared in his helpful friendship, know that I do not rank him too high when I name him among the great benefactors of this college.

Dr. Edward R. Hun, cut off at the very beginning of his career! By natural inheritance a great physician; trained both at home and abroad in all that can aid in the advancement of his profession; called at the opening of his life to assume positions of responsibility both in public institutions and private practice; his death cannot be looked upon except as an irreparable calamity to this college.

Dr. John P. Gray, the distinguished alienist, who lectured as professor in this college on the subjects in which he had gained his fame! We mourn the event which cut him off in the midst of his usefulness in a line in which he had no superior.

Dr. Jacob S. Mosher, who died suddenly and unexpectedly in the midst of friends and admirers, and with all the glow and heat of a great future before him! How faithfully and successfully he served this college! How deeply trustees and faculty mourned his death!

Dr. James E. Pomfret, a professor in this college from 1867 to 1869! He was surgeon-general from 1865 to 1869 under Governor Fenton, succeeding Dr. S. D. Willard, who had died in office. He also served in conspicuous positions during the civil war, and after his return he had charge of the soldiers' home. He died in 1869.

Dr. Henry R. Haskins was for a time surgeon of the 192d Regiment of N. Y. Volunteers. He practiced medicine in Albany till his death in 1884. He was a Professor of Anatomy in the Albany Medical College from 1869 to 1876.

Dr. John V. Lansing was born in 1824 and died in 1889. He was graduated from Rutgers College in 1843, and commenced the practice of medicine in 1859. He was elected professor in the Albany Medical College in 1867, and held the position till 1876. He accidentally shot and killed an attendant at one of the shooting ranges, and the tragic accident, although without blame, produced a permanent and morbid effect on his mind. He was drowned in the Adirondacks while out hunting with several companions.\*

In 1873 Union University was created by chapter 193, Laws of 1873. It consists of Union College, situated at Schenectady, the Albany Medical College, the Albany Law School, and the Dudley Observatory, all situated at Albany, to which has since been added, in pursuance of the provisions of the original law, the College of Pharmacy. By this law the original consenting institutions were authorized to make an agreement by which Union University should be established. The government of the university was placed in the hands of a board composed of members of the several boards of trustees of the separate institutions. The distinct powers of the several combining institutions, relating to the holding of property, the conferring of degrees, and other individual rights, were left undisturbed by this union. The objects to be attained by the formation of Union University are the mutual encouragement to be derived from the combination, the help to be obtained from the faculties of the confederated institutions, and such mutual financial aid as may be found possible. The location of the parts of this university at the two cities of Albany and Schenectady is not a serious obstacle to their mutual help and public usefulness.

But I must close this already too far prolonged address. I wish I could say what would be a becoming introduction to this college as it enters on its second half century. It is impossible for this college to stand still. It must either make progress or retrograde. The early pioneers were not content to see the world march past them. They joined in the stately tramp, and no steps were more proud and vigorous than theirs. They contributed their full share to the onward movement which took place in their time. It now, devolves upon you, professors, and you, alumni and friends,

\*I had not intended to mention here any of those who were still living. But while this address is in preparation for the press the news comes of the death of Dr. John Swinburne. He was born in Lewis county in 1820. He was graduated from the Albany Medical College in 1846, and opened here an office for the practice of his profession. He was eminent as a surgeon. He served in his profession in the army during the civil war. He was also at Paris during the Franco-Prussian war, and received the Cross of the Legion of Honor for his notable services. He was a professor in this college from 1876 to 1880.

and you, students, to push forward the work which they so auspiciously began.

It is not hard to point out what medical education, in the present condition of things, needs most of all. First of all and most of all, it needs to be conducted in well-endowed colleges instead of those dependent on their patronage for support. No kind of education, high or low, ought to be self-supporting. Least of all should a profession which contributes so liberally to the alleviation of human ills as yours, which is so ready to give aid and help to communities in times of trial and need, be left to educate its new recruits without the help which well-equipped colleges and well-endowed foundations can impart. Long before another half century passes over this college we hope and trust that wealth will have brought to its doors the aid which it needs and can so well use, and build up a college here not only rich in men and memories, but rich in the facilities of a great institution of learning.

Another serious defect is one under which this college, in common with most other medical colleges in the country, labors. You know how important in your profession is a thorough general education. No calling makes more frequent or more urgent demands on the general and miscellaneous knowledge which a good education furnishes. Physics, chemistry, zoölogy, botany, physiology, Latin, French, German, psychology, mathematics—all these in their turn and many more are called upon to furnish their due quota of aid in the difficult and vexatious problems of your profession. Happy is he who before he enters on his medical education has mastered some or all of these preliminary branches! What an advantage does the possession of such a training give you in the pursuit of your subsequent professional studies! But if I ask what requirement does your college make when you enter on your studies, or even when you are graduated from her halls, I will find that little or no such preliminary knowledge is demanded. You are suffered to enter upon the complicated subjects connected with your life-work without the preparation which will be helpful to you.

I know the difficulties which stand in the way of any one medical college entering on a reform of such magnitude. I know the impatience with which young men hurry into the medical profession. Unless they are held back by stern and inflexible conditions, they are sure to enter upon their earnest and responsible duties long before they are prepared for them. This is a reform which this college, in common



with all the reputable colleges in the country, must undertake. Nothing will do so much to elevate the standard of the profession as this. To have your numbers recruited by men of education and culture, instead of men learned only in technicalities, will be sure to make your profession even nobler and more respected than it is now.

I will take the time only to mention one other matter pertaining to the medical profession, which has also much to do with the success of a medical college like this. I refer to the proper licensure of persons who are to practice medicine. It is not difficult to trace the gradual elevation of the standard of practitioners in medicine by the advance made in the laws for their licensure. It rests with you to discover some better method than now exists to regulate the mode of entering on the practice of your profession.

Now every graduate of every legally incorporated medical college, whether it be good or bad, high or low, is a regular practitioner of medicine. You know what a temptation there is to graduate students irrespective of their fitness. Some plan suited to the circumstances in which we find ourselves placed is pressingly necessary, and ought speedily to be found and adopted.

And now I have finished. At the beginning of a new half century, with all the brightness of your past history illuminating you like a pillar of fire, with the guidance of the great examples which that history furnishes, with the encouragement which your experience lends to you, I call upon you to go forward. May that same devotion of spirit which lent so much earnestness to the efforts of your predecessors fill and ennoble your efforts, and may the same success which attended them crown you, so that when the new half century is finished and a new generation gathers to celebrate the centennial anniversary, they may have as much to be proud of and to glory in as we now have.

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**IDLENESS AND INSANITY.**—A Boston contemporary says the necessity of labor for human happiness is at present strikingly shown in the state prisons of New York. Owing to some neglect of the legislature, the convicts are left without employment. The result is a great increase in insanity. One of the physicians recently resigned, giving as a reason that constant idleness would produce a condition of misery that he would be powerless to alleviate. Besides, as men are constantly going insane, the danger to keepers, physicians and attendants greatly increases. While kept at work comparatively few become sick, and only occasionally does one become insane. Idleness has filled the hospital, and an average of three every week become unmanageable and are sent off to the insane asylums.

## ASSOCIATION OF THE ALUMNI OF THE ALBANY MEDICAL COLLEGE.

### SIXTEENTH ANNUAL MEETING.

The sixteenth annual meeting of the Association of the Alumni of the Albany Medical College was held in Alumni Hall, on Thursday, March 21, 1889. The usual informal reception was held in the library, where coffee and sandwiches were served, photographs exhibited, and a good opportunity offered for social intercourse, between the hours of 9 and 11 A. M. The meeting was called to order by the president, Dr. William H. Bailey ('53), of Albany, at 11 o'clock.

The attendance included: Alva E. Abrams, Hartford, Conn.; G. J. Holmes, New Britain, Conn.; F. G. Seaman, Seneca Falls; J. A. Phillips, Morristown; Horace R. Powell, Poughkeepsie; M. Felter, Troy; Charles W. Snyder, Hudson; W. R. Seeber, Milford; C. M. Culver, Albany; P. W. Mull, Ghent; Francis J. Stevens, Boxford, Mass.; H. B. Maben, Kingston; Lewis W. Pendleton, Portland, Me.; Willis G. Tucker, Charles H. Moore, Albany; Sheldon Voorhees, Auburn; A. B. Husted, D. H. Cook, William H. Bailey, Albany; A. M. Burt, Bacon Hill; Samuel Chesebrough, Glens Falls; Andrew H. Bayard, Albany; H. F. Bonesteel, Troy; M. R. Smith, McGrawville; Frank A. Bell, Garrettsville; Wilbur F. Lamont, Richmondville; Charles S. Bumstead, Albany; J. W. Roscoe, Carlisle; Elmer E. Johnston, Albany; Emmett Niver, Craryville; H. V. Mynderse, Schenectady; G. H. Race, West Stockbridge, Mass.; Alex. Nellis, Jr., Willard; F. S. Snow, Palatine Bridge; William C. Wey, Elmira; Richard F. Duncan, Williamstown, Mass.; J. R. Strang, Ketchum's Corners; G. P. K. Pomeroy, Stuyvesant; C. E. Greenman, Cohoes; Robert Furman, Jr., Schenectady; M. J. Zeh, West Troy; W. J. Nellis, Albany; Henry D. Didama, Syracuse; Robert A. Linendoll, Fort Edward; Henry Lewis, Argyle; Fred Carr, Saratoga; Willis G. McDonald, Albany; William Van Doren, Middleburgh; M. H. Burton, C. B. Herrick, O. F. Kinloch, Troy; Thomas D. Crothers, Hartford, Conn.; Charles W. Nichols, Fairfield; C. C. McCullough, Harpersville; Charles H. Callender, Medford, Mass.; A. D. Rose, Block Island, R. I.; E. A. Bartlett, H. E. Mereness, Albany; Abram Van Woert, Visscher's Ferry; W. C. Marselius, William Hailes, Jr., Albany; W. B. Sabin, West Troy; G. L. Ullman, Albany; William H. Snyder, Jr., Troy; L. E. Blair, Lorenzo Hale, David Fleischman,

Dennis P. Shevlin, J. M. Mosher, Samuel B. Ward, Thomas H. Willard, Herman Bendell, Albany; George O. Williams, Greene; James F. Murray, Gloversville; C. E. Witbeck, Cohoes; Benj. D. Gifford, Chatham; George Hudson, Stillwater; S. D. Lewis, Amsterdam; F. T. Stannard, Troy; I. T. Monroe, Granville; Albert Vander Veer, Albany; C. F. Clowe, Kingsborough; James F. McKown, Albany; J. H. Cotter, Jackson's Corners; T. W. Nellis, Albany.

The president introduced Professor Frederic C. Curtis, M.D., who delivered the following address of welcome to the alumni on behalf of the college:

#### EDUCATIONAL METHODS OF THE PAST.

##### *Mr. President and Gentlemen of the Alumni:*

You are assembled this morning to renew your acquaintance with the old college, and to recall the associations of the past, as you meet each other again. It is the pleasant duty that has been assigned to me to welcome you again on the part of the faculty to Alumni Hall, and to a fresh materialization of all your inalienable rights here as graduates. You are repeatedly informed that as an alumnus you have each the free privilege of membership in this association, and it is to be hoped that every alumnus will show his interest in the college by joining. We of the faculty trust that you will look upon us as the home guard, and that you are all in like manner interested, scattered in your varied fields of practice and life, in upholding the honor and prosperity of the institution. It is our duty, as more directly in charge of its conduct and affairs, to see that it pursues worthily the tenor of its ways, that its steps shall all be in the forward direction, that nothing shall be done to cause other than a feeling of pride towards it in the minds of all its worthy sons who desire that it may be an exponent of all that is best in medical education. It would be a matter of the keenest regret to every member of the faculty if by any chance it should ever transpire that any graduate of this college should have cause to feel any thing other than pride in the possession of a diploma from the Albany Medical College, and I am certain that those who keep themselves familiar with the history of this college are satisfied that it takes no steps backward. Medical education has been constantly progressive in this country, and of necessity the colleges that have been worthy in their profession of medical education have year after year advanced. This college certainly has. As far as I can learn it has always, from its beginning down to this, its fiftieth commencement day, been abreast with the times, realizing the legitimate demand of an advancing profession that new candidates for admission to it should be better men now than the generations of their predecessors.

The medical profession and education in medicine began in this country at zero. Among the pioneers there were but few educated physicians, and down to within a decade of this century the means of securing a medical education in this country were very meagre. The apprenticeship system for a long period afforded the only means for pursuing medical study. This was imported from Europe, where Dr. Toner says that it had for centuries been the practice, an outgrowth of the system of guilds and corporations which became general in the fifteenth century, and into which not only the trades but the professions entered. Dungli-

son, in "The Medical Student," describes very graphically the student's life in the preceptor's office in England, where the apprenticeship plan seems to have been general down to 1750. It was a hard life they led under some masters, and combined, as a rule, much that was menial. Much the same methods prevailed in this country. Students generally began their medical tutelage at quite an early age, often pursuing their studies in an academy during part of the time that they were reading medicine. They usually entered into a regular apprenticeship with the preceptor, binding themselves by an indenture for a term of years. The length of time varied from three to seven years. As to preparatory education, this varied very widely, but as time went on many had preliminary education in the classics and the sciences of the day. Their duties included caring for the preceptor's horse, if he had one, running errands and the like; then they had to prepare the crude drugs into shape for use; later they did the bleeding and cupping, became expert in extracting teeth, did minor surgery, attended to night calls, and so gradually mixed the dignified duties of the profession with those of the fag until they had filled out the term of discipleship and become their own masters. I have no doubt that some competent men were educated in no other way than this, and in some respects this way has much to recommend it.

What preliminary requirement there was to enter the profession, in the way of examination or license, does not always appear. Among the early members of our Albany County Medical Society, organized in 1806, the records of whom I have spent some time in collecting, it is only to be learned of some, as to their education, that they studied with a certain physician; others were said to have filed the certificate of two physicians as to their competency; some were licensed by the Supreme Court, and later they were licensed by county societies, which, until recently, were legally empowered so to do. It is interesting to note that the first medical legislation of which there is any record was that in Virginia in 1639, to control the excessive charges of physicians, and prescribing a fee list, which allowed one who had obtained his education by service of an apprenticeship to charge only half as much (five shillings) for a visit as one who had obtained a university degree. Also, that up to the middle of the eighteenth century midwifery was exclusively in the hands of women, and there are a number of ordinances relating to midwives in the early history of the New Netherlands.

The first general hospital in this country, the old Pennsylvania, which is still in existence in Philadelphia, was established about the middle of the eighteenth century. Prior to this there were temporary structures for the seclusion of those sick with small-pox, and also for military hospitals, one of which, on a large scale, was built during the French war here in Albany, and remained in use till after the revolution. No attempt at medical instruction in connection with these was made, so far as I know, except in the hospital at Boston, which was of valuable assistance in teaching surgeons for the army, the demand for whom arose as the war broke out.

It is evident that the means of medical education in this country were very meagre prior to the present century, and the profession had consequently a pretty low standing. Those wishing to obtain a systematic course of instruction were obliged to go to Europe for it, and not a few did go there, which, for that matter, it was quite as easy to do as to have traveled any distance in this country to an established school, even if one had existed, as the lines of travel were quite unde-

veloped. Most of the text-books were written in Greek and Latin, the lectures were delivered in Latin, and graduates were required to present a thesis in one of the learned languages. The doors of these schools were shut to the great mass of those who proposed to take up medical practice. There was practically no opportunity to study dissection; no hospitals, no systematic instruction and no organization of the profession into societies. The country was overrun with quacks. In 1776 the Medical Society of New Jersey was established, and its object was to raise the standard of medical education by requiring of its members that all their apprentices should have a knowledge of Latin and Greek, and that they serve four years. Desultory attempts at medical instruction, by way of lectures on anatomy, were made as early as the middle of the seventeenth century, but the first regular medical school in this country was established in 1765 by two Dublin graduates, as a department of what was then known as the College of Philadelphia, and later became the University of Pennsylvania. Soon after, a similar enterprise was started in New York, and these two were the only medical schools in the country prior to the Revolution.

Down to the close of the Revolution, fifty-one degrees had been issued by American Medical Schools. In 1821 the initiative was given to our school by Dr. March in his lectures on anatomy. Eight of the fourteen schools that had been started were open. In the seventeen years which elapsed before a complete organization was effected in 1838, ten schools now in existence were organized. ¶ I think our schools have grown up in an American fashion, which has doubtless been the best in method that we could have had. A special feature is their facility for growth and development. We used to hear the complaint from the profession of the low standard of the schools and of their filling the profession with slenderly educated men. We hear very little of that now. The graduates of our school are among our best physicians. One of the civil service examiners of health officers tells me that our graduates are uniformly good men. The college favors the establishment of a state board of medical examiners, and has no fears of the consequences to those whom it offers for a state license, to be thereby obtained.

I have no doubt that all members of this alumni association are interested in every thing that affects the standing and well-being of the profession of our country, and especially of this state. We can all join hands in what will advance the status of the profession, elevate the standard of entrance to it, and eliminate all that comes short of a respectable degree of attainment.

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On motion of Dr. S. A. Russell, the reading of the minutes of the last annual meeting was dispensed with, and the minutes, as printed, adopted.

The report of the executive committee and recording secretary was then presented. It stated that two meetings had been held during the year. At the meeting held May 11, 1888, the printing and distribution of the Alumni proceedings was authorized, and 1,000 copies were subsequently printed and distributed to members of the association. The recording secretary presented a statement of the Alumni dinner account, from which it appeared that the receipts had

been, from tickets sold \$98.50, and disbursements as follows: Lunch at college, \$12, and for alumni dinner and cigars, \$158.50; total, \$170.50 (exclusive of printing, etc.), leaving a deficiency of \$72, which had been paid by the faculty of the college, as was also the postage upon the 'alumni proceedings, amounting to \$20.50. The historian was authorized to fill any vacancies occurring among the class historians. The second meeting of the committee was held January 16, 1889. The printing and distribution of the proceedings was reported, a copy having been sent to each of the Alumni, together with a college catalogue and treasurer's blank. The order of exercises for the annual meeting was discussed, and the following committees were appointed: Arrangements of meeting, Drs. Tucker, Husted and Ullman; lunch and dinner, Drs. Tucker, T. W. Nellis, Bartlett and Ullman; speakers and toasts, Drs. Vander Veer, Bendell, Culver and Stillman; reception, Drs. Mitchell, W. J. Nellis, Hale, Case, Munson, Cook and Schoolcraft. The recording secretary reported that the number of names with addresses upon the Alumni list was 1,131, being an increase of 20 over last year. On motion of Dr. W. C. Wey, the report was received, adopted and ordered placed on file.

The treasurer, Dr. T. W. Nellis, submitted his report for the year, from which it appeared that the receipts for dues had been 93.97, and disbursements \$107.29, leaving a deficiency of \$13.32, and with bills outstanding and unpaid amounting to \$62, making total deficiency \$75.32. On motion, the report was referred to a committee consisting of Drs. Herrick, Pendleton and Burton for examination.

The president called attention to the deficiency reported by the treasurer, and, after some discussion, the matter was referred to the committee on treasurer's accounts.

Dr. Bendell moved that the president appoint a committee of five to nominate officers for the ensuing year. Seconded by Dr. Didama and carried. The president appointed the following committee: Drs. H. Bendell, A. Vander Veer, W. G. McDonald, A. E. Abrams and J. A. Phillips. The committee retired.

The president's address being the next order of business, Ex-President Didama was called to the chair, and President Bailey delivered the following address:

ADDRESS OF WILLIAM H. BAILEY, M.D., LL.D., PRESIDENT.

*Mr. Chairman and Fellow Alumni:*

The occasion which calls us together is full of varied memories and emotions, involving retrospects of the past, congratulations for the present, and anticipations of the future.

It was a happy thought which gave rise to these annual gatherings resulting in so much good cheer and helpfulness.

Friends widely separated in the active and earnest duties and responsibilities of professional life, look to these occasions as a mental and physical necessity. Those whose hairs are silvered with the frosts of many winters may be pardoned for a brief revival of old-time memories and associations. And to our younger friends I am sure these references cannot fail to be of value, as the conditions of professional life have so greatly changed since the establishment of this college fifty years ago.

As civilization has advanced, men have become more closely united in ties of social intercourse for protection and material advancement. This tendency has made education possible by placing its opportunities within easy reach of the multitude; and surely the, Alumni of the Albany Medical College is but a natural result of such close association—a connecting link between the past and present—a council and festive board about which gather old and young—a common bond of fellowship. It rekindles memories of the past, inculcates the lessons of the present, and inspires hope for the future.

No one will dispute that every profession is crowded with earnest, if not always capable, workers, and the percentage of those who attain any degree of fame is extremely small. While the population of this country has more than doubled during the past twenty five years, it is my relief that the number of professional workers and thinkers has more than kept pace with the increase. Indeed, in many localities, our own city among the number, the percentage is very much in excess. I recall a forcible illustration of this fact. A short time ago the city of New York voted to employ one hundred young physicians to examine and report concerning the sanitary condition of certain localities. Each one was to have a given district assigned, and the duties and necessities of this employment were such as to almost preclude attention to private practice. For two months they would be engaged at this work, for which they were to receive two hundred dollars, or about twenty-five dollars per week. The strife was simply tremendous. Over five hundred applications were received, and both social and political influences were invoked by contestants eager to obtain the mere pittance offered. Just think of it! In one city five hundred physicians, supposed to be capable of fulfilling the duties and responsibilities of our profession, were not only willing but anxious to surrender their practice, if they had any, for this temporary employment! And I ask you, gentlemen, what would be the result if a like opportunity should arise in your own localities? I believe a similar condition of affairs exists in every profession, but it devolves upon us simply to consider the cause and remedy in our own particular vocation, which is so closely allied to the mental and physical well-being of our fellowmen.

That there are too many physicians is apparent, since a considerable number of them lack many of the essentials which give dignity and confidence to the profession. Although it is an unpleasant admission, we may concede it without arrogating to ourselves undue excellence or transcending the bounds of pardonable modesty and self-esteem, or even assailing the character and integrity of those who deserve to be so classified, for the fault undoubtedly lies in the system which grants a diploma on a standard which misleads the graduate and permits him to misconceive the necessities of an honorable and successful career. We will proba-

bly all agree that the standard of admission and graduation should be raised to a point which might exclude many who are now actually engaged in the practice of medicine, were they to apply to day for a diploma.

The avenues of study were not so attractive half a century ago as they are to-day. The world's experience in books, instruments and science was far behind the standard of the present. Great strides have been made in the methods of instruction, the text books, the liberality of thought and the largeness of comprehension, so that now there is no reason why graduates should not begin with a much larger knowledge, provided the same care were taken in the admission of pupils to medical instruction and their subsequent permission to exercise a calling for which they are wholly unfitted.

But, gentlemen, I am happy to say the faculty of our college have kept pace with the foremost in their efforts to secure a better education and a higher standard for the profession; not, however, that I believe that standard is yet high enough or the conditions of admission or graduation sufficiently exacting, but what has been done is in the right direction, and I both hope and believe it is the forerunner of better things. The three-years graded course marks out for the student the work of each year. The term, lengthened to six months, seems short when we consider the amount of necessary work to be accomplished. The preliminary examination reveals the applicant's knowledge and previous mental training. The monthly written examinations cannot be too highly commended, and I understand that the assistants to each chair give oral examinations almost daily upon the subjects gone over to the second and third year students. No knowledge is available unless positive, and the necessity for repeating what has been said in the lectures requires close and undivided attention. Simply didactic teaching, which was the custom when I was a student, has always appeared to me to be of little importance; but the daily quizzes, or class examinations, require attention, study—the habit of study—the mental training—the ability to fix and hold one's attention, or, in other words, to be able to seize upon and store away facts and truths for future use, is a valuable requisite to the student. He who can do this has mastered the most difficult conditions of educational life, whereas he who is unable to do this will look in vain for success in any department of study.

But, gentlemen, from what has been said you must have inferred that knowledge to be useful must be available, and to be available must be ready, and to be ready requires constant repetition and use. Nothing so fixes a fact or principle as to repeat it. These class examinations, both oral and written, are of vital importance to the student, and it is hoped that our college will commence with the first-year students and require daily personal examinations upon the subjects taught.

Many of you are not conversant with the history of our college, nor of the faculty who so ably and satisfactorily filled the different chairs in the earlier period of its existence.

Realizing that very soon all will have passed away who have personal knowledge of those first struggles, and of the energy, industry and attainments of the instructors, I wish to place on record my estimate of those noble men.

Without doubt every person within sound of my voice is familiar with the worth and standing of the late Dr. Alden March, to whose untiring perseverance and



enterprise is due the establishment of this institution. It is to him that every graduate of the Albany Medical College is indebted, because of his courage and fidelity in adhering to the purpose of founding this school against the open and aggressive opposition of men prominent in our profession.

At that time there were flourishing and well-patronized medical schools of considerable reputation at Castleton, Vt., and at Fairfield, Herkimer county, N. Y.

Soon after Dr. March came to Albany he began to give instructions to a private medical class, which was similar in its management to the quiz classes common in collegiate towns. He gave particular attention to anatomy and surgery, both pathological and operative, and illustrated his subject as far as possible upon the cadaver.

It must be remembered that in those days it was difficult to procure material for dissection, and it was worth a physician's reputation to have it known that he was in possession of a human body. Many subterfuges were resorted to in securing these bodies. I have heard Dr. March say that he at one time received word that a subject could be obtained near Pittsfield, Mass., and he immediately started with his own conveyance to secure it. After much careful midnight work he procured the body—an experience, gentlemen, full of hazard and trepidation. And now how was he to take it home without exposure or suspicion? With his ready inventive genius he dressed the cadaver with coat and cap, and with a lap robe over his lower extremities, sat him by his side in his buggy, and so rode home unsuspected.

About this time the chair of anatomy and physiology became vacant in the medical school at Castleton. Dr. March was invited to occupy it. He accepted and proved a most successful teacher.

He soon became satisfied that Albany, as the capital of the state and easy of access, presented superior advantages for the location of a medical school, and with this belief he sought to accomplish that object with characteristic enthusiasm and determination.

My father, Dr. Solomon Bailey, was then a physician in active practice a few miles below Albany, and I remember distinctly his deep interest in the new enterprise and his great admiration for this ambitious and energetic young surgeon. Although very young, I took much interest in the frequent discussions and conferences between my father and Dr. March, for the former was actively coöperating in the work both by voice and presence. It seems incredible from our present standpoint that so much earnest work was necessary to accomplish a result which no one would be willing to reconsider, yet the friends of the two schools above mentioned and some of the leading physicians of New York city combined in opposition, and were so influential that the legislature refused a charter.

Dr. March was not discouraged by this rebuff; he and his friends still continued their efforts to enlist the interest and sympathy of the public. His reputation as a skillful surgeon was rapidly increasing, and he was frequently called to perform difficult operations in distant places—localities which fifty years ago, with the then limited means of travel, were considered far away. It is doubtful if any physician at that time equalled Dr. March in the brilliant reputation which he had acquired through some of his skillful surgical operations. He was familiar with anatomy, had a most delicate touch, and operated with unusual

dexterity. His practice and classes for instruction at home had so increased that he found it almost impossible to attend to his duties at Castleton. He therefore resigned his professorship there and devoted himself with untiring energy to the work of obtaining the charter for this college, and his efforts were crowned with success, after much earnest labor, February 16, 1839—half a century ago.

Fortified by this endorsement, Dr. March became more earnest and active than ever. Public sentiment was in his favor, and the citizens generally endorsed the action of the legislature. Interested and public spirited men contributed liberally toward the necessary equipment of the new institution. The city authorities granted them the use of the building we now occupy, which had been used for a Lancasterian school, a plan of instruction very popular at one time, but which had outgrown its usefulness, and consequently the building was vacant. I can remember passing here when there was scarcely a whole pane of glass in the windows, and the entire structure was in a generally dilapidated condition. Two wings have since been added, and the whole materially modernized and improved; but the property and surroundings are substantially the same as when Dr. March and his associates entered upon the career which has proved such a decided success, and has been of so much benefit to our fellow-men.

There have graduated from this college some of the ablest and brightest minds that ever ministered to the physical wants of suffering humanity—men whose fame has been world-wide, and whose influence upon the profession has been of incalculable value. We have had instructors whose learning and experience have made their text-books standards wherever the study of medicine is pursued.

I doubt if any college in our land can show a better record or a more renowned and proficient faculty than this college, taking into consideration the varied circumstances and conditions. And who will dispute the fact that the credit of all this was and is due to Dr. March and the friends he was able to enlist in the cause?

During my pupilage here I was in the office of Dr. James H. Armsby and our present genial and competent curator, Dr. Samuel H. Freeman. I frequently assisted Dr. March in his surgical operations. I remember having been present, at his request, at an amputation in the lower part of this city. The subject was a stalwart Irish laborer, whose friends, being opposed to the amputation, finally determined upon active resistance. It devolved upon me, because of my superior physical strength, to defend the door against the assaults of the mob who came to rescue their comrade from the inhuman doctors. When their numbers grew and I could no longer withstand the pressure, Dr. March realized the situation and came to my rescue just as the door was forced open. Holding up in his hand the amputating knife dripping with blood, he came upon them like an avenging demon. The effect was instantaneous. We had no more trouble.

Dr. March was a man of firm will and indomitable perseverance; in stature somewhat above the medium height, active in mind, quick in motion, impressive in manner, full of enthusiasm for his profession, most loyal to his friends, and possessing the warmest sympathy for the poor and suffering. He inscribed his name on the history of his times, and as a courtly gentleman, a wise physician and a true friend, he well deserves the eulogy we bestow upon him.

But the member of the faculty who seemed most interested in the personality of the student was the courtly, affable Dr. James H. Armsby. Generally the

first to make their acquaintance, never forgetting names or faces, always kindly; I recall no one of the faculty more ready to extend the helping hand of sympathy and unstinted benevolence to the struggling students.

Dr. Armsby's student life was passed in the office of Dr. Alden March, his brother-in-law, and soon after graduation assisted him in teaching the medical class of which we have spoken. From the first he became deeply interested in this college, working hand in hand with Dr. March. He delivered lectures here and in Troy in the interest of this institution, asserting and believing it would contribute largely to the benefit of the city and the welfare of his fellow-men—a work he was preëminently able to perform with distinguished ability. A public-spirited man in the largest sense of the word, gentle and persuasive in manner, of unquestioned integrity and unquenchable good nature, he preserved his equanimity and continued his efforts even when told his views were chimerical. I never knew a man naturally so inoffensive and unobtrusive, yet who was so unyielding and resolute when convinced that his proposed action would benefit the race; and, like the old Roman, if he did not avow that "Carthage must be destroyed," his manner expressed it, when opposition stood in the way of right and duty.

Furthermore, it was not the development of medical science and general knowledge which alone commanded his coöperation, but in all matters as a citizen he was alive to advanced science and humane schemes which would help his neighbors to better solve the problem of earnest citizenship and noble manhood. Besides this medical college, the Albany Hospital, the Dudley Observatory and the Union University were greatly assisted in their establishment by Dr. Armsby's voice, pen and purse. In fact, there was scarcely any improvement in any department of literature, science or art in which he was not a zealous coöperator or the most prominent leader.

If there are any here who can recall his lectures, I am sure they will agree with my opinion that in richness of illustration, lucidity of statement, refinement of expression, persuasiveness, impressive oratorical power, he scarcely had an equal, certainly no superior.

When quite a boy, I accompanied my father to the office of Dr. James McNaughton. This was the first time I had ever met him. I well remember my great admiration for the man, and how deeply impressed I was with his courteous and dignified demeanor. Tall, erect, well proportioned, with a countenance beaming with intelligence, with manners courtly, pleasant and affable, he was just the one to arouse my boyish admiration. I frequently saw him afterwards, and was always proud to place him among my most reliable friends. He was a Scotchman, born, reared and educated among the rugged hills of his native country. He possessed the best characteristics of that people, and practiced through life the principles of morality and religion which had there been inculcated. He came to this country, expecting to return, but on account of the pressing invitations of interested friends in this city he decided to make Albany his home. He was graduated at the Edinburgh University, which was then probably the most popular medical school in the world. Such was his opinion, at least judging from the following notice he had inserted in the daily press soon after he opened his office, viz.: "James McNaughton respectfully informs the citizens of Albany that he has opened an office at No. 91 North Pearl street, with a view of beginning the

practice of medicine. He studied the different branches of medicine at Edinburgh University for four years, has attended Livingston Hospital in that city three courses, and the Royal Infirmary two years." A notice, gentlemen, that would not be regarded in our day as quite professional.

A circumstance occurred soon after he located here that had an important influence upon his after life. During and after our war with Great Britain, Albany was an important military post. One of the men stationed here had disobeyed orders, and received a severe reprimand from the commanding officer. This provoked the soldier, who determined on revenge, and soon after shot the officer as he was passing unaccompanied through the street. This created much excitement and indignation throughout the city. The soldier was tried, condemned and executed, and his body given to the doctors for dissection and public anatomical demonstration. At a meeting of the physicians, it was decided that six of the leading men in the profession should in turn conduct the demonstration. Dr. McNaughton was selected to commence the dissection. Being so recently from the medical schools, he was familiar with anatomy, and his pleasing, impressive manner quite won the audience, and at the request of the other physicians he continued and completed the dissection. I have heard him say that he believed that this dissection attracted the attention of the trustees of the medical school at Fairfield and influenced them to offer him the chair of anatomy and physiology, which he afterwards occupied for a number of years in a manner most acceptable to the institution and profitable to the students.

It was his connection with this school that caused him to oppose the establishment of a medical school at Albany. His influence was great, and he used it most efficiently both by direct personal appeal and through the press.

The Fairfield school had been generally patronized throughout the rural districts of the state, the class some years having been very large. About this time another medical school was established at Geneva, which attracted many students residing in the western part of the state. Albany being the political and commercial center and very accessible, the opposition was overcome and our charter granted. These two new schools very sensibly affected the classes at Fairfield, and it was finally abandoned. With a spirit of magnanimity peculiar to noble natures, both Dr. James McNaughton and Dr. T. Romeyn Beck consented to accept professorships in the new college. They had been very popular teachers at Fairfield, and proved a tower of strength to the Albany School.

My father, Dr. Solomon Bailey and Dr. T. Romeyn Beck were fellow-students in the office of Drs. Low and McClelland, Albany, and there began an intimacy which lasted through long years and until my father's death. Inasmuch as they had been mutually interested in so many ways, it was quite natural for me to seek Dr. Beck's advice. He was at that time the distinguished principal of the Albany Academy, and to those who cannot recall his personality I will say he was always a genial, sympathetic friend, ready with kindly, valuable advice for young men, with whom he was a favorite.

My brother, the late Dr. James S. Bailey, and myself had taught school at the South while we were pursuing our medical studies. We were inclined, under the advice of friends, to return there to practice, after receiving our diplomas from some medical college; and that college, our southern friends believed, ought to be in Philadelphia or New York city. But, acting upon the advice of

Dr. Beck, we concluded to complete our course of study in Albany, which, no doubt, changed and settled my future career—a fact I have never had reason to regret.

But it is of Dr. Beck I would speak and the important part he acted in the years of his experience. I think I risk no danger of objection from any source in saying that he was one of the most eminent men of his day in our city and vicinity. No other man filled such an important place in the educational, philosophical, medical and every practical sense. He seemed to act upon the conviction that the largest room to fill in this world was the room for improvement, and to-day hundreds of men occupying important positions in the world of business, politics, scientific, professional and social life will testify to his rare governing and instructive qualities. A student himself to the last hour of his busy life, an energetic, progressive thinker, his record of achievements, his score of benefits, have scarcely an equal in the range of my personal knowledge. And it is well to remind his successors how much they owe to the rare learning and indomitable industry of this truly remarkable man.

Every school boy knows of DeWitt Clinton, the statesman-patriot, whose far-seeing judgment and irresistible energy made New York the Empire State of the Union then, as now. After the death of DeWitt Clinton, the family solicited and Dr. Beck undertook to write his life, but the angel of Death called him home, leaving that work unfinished.

When Dr. Frank H. Hamilton, president of the State Medical Society in 1856, came to deliver his eulogium upon the death and character of Dr. Beck before the society and the members of the senate and assembly of the state of New York, he spoke in these words: "DeWitt Clinton was a statesman, but no less a philosopher and a patriot. T. Romeyn Beck was a physician, but no less a scholar and a philanthropist. DeWitt Clinton sought to penetrate the state with the commerce of the world, and to develop by this means also its agricultural resources. Beck sought to determine its mineral wealth, and thus to encourage its manufactories, with which both agriculture and commerce are mutually allied. Operating in different channels, their ends and aims were the same, and it would be difficult to say to whom the citizens of this prosperous state owe the most, to the illustrious statesman, or to the no less illustrious physician."

The list of offices to which Dr. Beck was elected or appointed and the societies to which he was elected from 1811 to 1854, as given in the Transactions of the State Medical Society for 1856, afford most interesting reading. It includes societies in Europe and many states of the Union, showing the high regard in which the learned men and societies of many localities held this distinguished man.

Perhaps the crowning effort of his life was the compilation of his Medical Jurisprudence. It was received in England with the highest commendations from the scientific press and subsequently translated into the German and French. No American ever read it without feeling proud of his countryman. Since its publication no law or medical library is considered complete without it; and, in the language of another, "It made his name illustrious, and wherever science and literature are cultivated it still remains to speak."

Personally I owe to Dr. Beck every gratitude that memory can record. The peculiar personal relations which so early in life brought me under the influence

of his great learning and kindly sympathy—his ready help always at my call—his avowed partiality, gave me special reasons for esteeming those qualities of mind and heart not often received from the teacher and professor. After his death the Rev. John N. Campbell, who had been his pastor and associate as a member of the Board of Regents, said of him, "He was the most laborious man I ever knew. He never lost a minute." And again he said, "He was a remarkably pure-minded man of true honor, above all meanness, and of the sternest integrity."

Dr. Lewis C. Beck, brother of Dr. T. Romeyn Beck, was prominently identified with the medical and scientific history of this state. He received his early education in Schenectady, was graduated from Union College, pursued his medical studies in Schenectady and there commenced practice when about nineteen years of age. Through the influence of an elder brother he went to St. Louis, hoping to find a larger and more congenial field for the pursuit of his profession. Not finding an advantageous opening, he returned to his former home. Like his brother T. Romeyn, he was delighted with the science of medicine, but found the practice uncongenial to his taste, and very soon abandoned it for other and more agreeable scientific work. Dr. Beck was a close observer and a very attentive student. He was a busy writer, and no article ever left his pen that did not bear the impress of much thought, careful consideration and exhaustive research. He delivered many courses of lectures upon botany, chemistry, zoology, natural history and mineralogy, before scientific societies and literary institutions. He either occupied the chair as professor or delivered courses of lectures at some of the best medical and literary institutions in our country, including the Albany Medical College. He was very popular as a lecturer, and in the schools in which he occupied a professor's chair was always held in the highest esteem.

In 1832 the Asiatic cholera, with its devastating ravages, appeared in this country. Gov. Enos T. Throop convened a special session of the legislature to devise some means for its prevention; and with the authority then given him, appointed Dr. Beck to visit different parts of the state to collect its history, its causes, its course, and all possible information in relation to this terrible disease. His investigations proved beneficial to the profession and satisfactory to the authorities. His mind was ever active, and every department of the natural sciences seemed to have attracted his attention. To-day we find him examining the ferns and mosses of our country; to-morrow arranging chemical substances according to their atomic weight, and with the late Joseph Henry, the distinguished secretary of the Smithsonian Institute, preparing a scale of chemical equivalents—greatly in advance of any previously given. Agreeable to the suggestions of the Hon. John A. Dix, the Secretary of State, the state legislature by the advice of the Governor, the Hon. William L. Marcy made a liberal appropriation for the geological survey of the state. This required men of practical scientific knowledge and experience. The Governor manifested his appreciation of Dr. Beck's ability and worth by appointing him Mineralogist. It occupied seven years of unremitting attention and hard labor, the result of which was a volume on Mineralogy, an able and complete exhibit of the mineral resources of the state. Dr. Beck was the author of several works on scientific subjects which were widely circulated and considered authorities upon the themes of which they treated.

Dr. Ebenezer Emmons was professor of obstetrics and of the diseases of women and children when I came to this college as a student in 1851. He was

graduated at Williams, and had received his medical diploma from the Berkshire Medical Institute at Pittsfield, Mass., in 1830. He filled the chair of natural history at Williams in 1833, and it is believed he occupied the first professorship in this department of knowledge in this country.

Like the two Becks, he seemed better fitted for scientific pursuits than for the practice of medicine, which was not congenial to his taste. He made important contributions to botany, geology and mineralogy. His reports covered the greater portion of the northern states. He also wrote a very exhaustive report of the quadrupeds of Massachusetts. At this time he startled the scientific world with some new discoveries, and advanced theories and opinions concerning the ages of different strata of rocks, which more recent investigations have confirmed. He was appointed Geologist-in-Chief in the second district of this state—a position he filled with distinguished ability. His reports, which were published by the state, included elaborate and able volumes on the classification of soils and rocks, on the analyses of soils, plants, cereals, etc.; two volumes on the fruits of the state and another upon insects injurious to agriculture. All these were most ably written, showing great research and remarkable ability. Their value to the community, with the then limited knowledge on such subjects, it is now not easy to measure. In 1858 Dr. Emmons was appointed by the legislature of North Carolina, to take charge of the geological survey of the state—a work that he discharged most faithfully and conscientiously.

Prof. Amos Dean occupied the chair of medical jurisprudence in our college from its organization, a position he filled with rare ability. He was graduated at Union College, studied law and settled in Albany, where he soon attained eminence in his profession. He was an able and vigorous lecturer, and by his uniform interest in the students, their welfare, comfort, and most of all their progress, he won and held their respect and esteem. He too was progressive and energetic in every movement for public advancement. He was one of the projectors of the Young Men's Association in Albany, and was ever after its most interested and firm friend and supporter. He prepared many treatises on law subjects which were regarded by the profession with great favor. He died in 1868, leaving unfinished the greatest work of his life, "The History of Civilization." He was a genial, companionable gentleman, with a mind cultured and well stored with useful information.

Of the only surviving member of the faculty, Dr. Thomas Hun, it is unnecessary to speak, excepting to say his long service as a physician, his eminent character as a citizen, has made his name and fame of the very first repute. He has held various positions of honor and trust, and always with signal ability. As a lecturer, he was interesting, exhaustive; and now in his declining years he enjoys a most delightful home, the affectionate care of his family, and the well-earned respect of the community.

These were the faculty of the Albany Medical College when I matriculated in 1851. A body of men, highly educated, remarkably progressive and exceptionally energetic in the prosecution of the work they undertook to carry forward with professional and personal pride. All were men of mark, with enviable reputations at home, and some were known wherever science or literature were cultivated.

With my then limited experience and knowledge of the world, I could appreciate their attainments, and now as I take a retrospective view of my college life,

I have the highest appreciation of their learning and culture. I doubt if any medical college in these United States was then so well equipped or so ably officered as the Albany Medical College, even in the days of its infancy. At that period the avenues for medical education and instruction were not so plentiful or easy of access as now, but, with obstacles to overcome, the pioneers were more zealous in their work, and so accomplished the success which has always been the experience of this now famous college as we mark the end of the first half century of its career. That it will go on with new energy under the management of its exceptionally able and faithful faculty, no one need doubt, or that its future history will be replete with continued triumphs in the field of higher professional and scientific skill and duty.

Our tribute to the memory of those who have ended their labors does not lessen our confidence in the ability of their successors who have profited by the examples of our *alma mater*.

And now, young gentlemen, to you who have passed a successful examination and are about to enter upon the practice of medicine, I most heartily congratulate you, and it becomes my pleasant duty to welcome you to membership of the Association of the Alumni of the Albany Medical College. You have faithfully pursued the labors incident to a student's career, and well deserve the reward which awaits them.

But you must remember with the diploma which entitles you to assume the duties of professional life come responsibilities and opportunities which can be discharged only by yourselves, and which neither the faculty nor law courts can define nor scrutinize. You have been ably instructed in ethics and text-books; you have listened to the experiences and advice of learned and faithful men, who have deserved and have achieved success.

You have had every opportunity of acquiring the knowledge which should assist you to a proper understanding of the human frame and the wonderful intricacies of the human body. Having shown by your examination that you have improved the opportunities given you, the law of the land permits you to administer to the sick and relieve physical suffering.

No one will dispute that to the physician and surgeon are confided practically the first interests of the community, its health and life. We are by the side of man from his cradle to his grave in all the many hours of mental and physical suffering. No one but the physician in practice can realize how often we are called upon to administer to the wants of suffering humanity.

In addition, therefore, to the technical knowledge which you have here acquired and the practical experience which you will hereafter acquire, come the honorable fidelity and conscientious regard for charity and humanity as taught by the Divine Physician in the golden rule, the observance of which will insure for you a noble and successful career.

Again, young gentlemen, as you approach the threshold of our profession, I bid you enter, and most cordially extend to you the right hand of fellowship. Hoping and believing that your hours of study and research have just begun, and that the theoretical knowledge you have acquired will be but the foundation for future acquisition and research, I bid you God speed, and trust you will have a prosperous and successful professional journey through life.



The members of the class of '89 were present in a body, and rose when the president addressed them and received them into membership in the association.

On motion of Dr. Pendleton, the thanks of the association were tendered to Dr. Bailey for his interesting address, and to Dr. Curtis for his address of welcome. President Bailey then resumed the chair.

The historian then presented his report for the year, as follows:

REPORT OF THE HISTORIAN, DR. E. A. BARTLETT.

*Mr. President and Gentlemen :*

There are occasions in the lives of institutions, as well as of men, when it is fitting to pause and look over the past, noting wherein has been failure, that such may be righted, and taking joy in the work accomplished and advancement made. In beautiful words you have had this retrospect furnished by our president, as we unite to celebrate the chartering of our college. It is unnecessary for the historian to repeat the story of the perils which beset the infancy of our *alma mater* or to rehearse the noble exploits of those men who in her young womanhood were wedded to her, and made it possible for her to send forth such a grand progeny as our alumni roster shows. Rather let him briefly direct your attention to one or two points of interest in the history of her first-born—the class of '39. Out of sixty-eight matriculants thirteen were graduated, and went out into the world to fill honorable positions. Some reached eminence; others fulfilled the duty of the hour in more sequestered places. All, with the exception of three, have completed their record, and the books have been closed. Dr. Phineas H. Strong, of Buffalo, N. Y., Dr. Rial Strickland, of Enfield, Conn., Dr. William H. Snyder, of Troy, N. Y., are still in armor clad, but, with laurels won in many a combat, are resting from the fiercest fray. To those of us who are in the heat of battle their words come to-day to cheer us on to victory, and we return to them an affectionate Godspeed.

It remains for me but to remind the members of our association that the historian stands ready to record any facts of interest, changes of residence, deaths, promotions, military or naval service, any of you will furnish. Let me, with all earnestness, ask each one when he receives a communication either from the historian of the association or from his class historian, to respond, and do this promptly, that our records may be full and our association flourishing.

Dr. William C. Wey, class historian for '49, presented the following report:

REPORT OF THE CLASS OF '49—DR. WILLIAM C. WEY.

*Mr. President and Gentlemen of the Association :*

I have been asked by the officers of this Association to act as the necrologist of the class of graduates of the Albany Medical College for the year 1849. In other words, I am expected to discourse upon the dead. I would prefer to speak of the living members of the class of 1849, who went forth from these halls just as the shout and cry came borne across the country from the Pacific coast that the desire of man had been gratified by the sight and possession of gold in unlimited

quantity in that distant region which a short time before had been included in the territorial domain of the United States. The dreams and hopes and expectations of all the previous toilsome life of medical pupilage were dispelled in a moment, perhaps, by the illusions begotten of the discovery of gold in California.

Some among my auditors, transported in memory to the year 1849, will recall a group of young men whose hands tightened upon diplomas which represented the ends and objects of study, of drudgery and of ambition, which for so long a period, in life's early day, had engaged them in seeking to be admitted to the profession of medicine. Temptations beset and intoxicated them as visions of wealth in the far west inflamed their minds, to be gotten for the seeking, and the seeking made to appear like a glittering romance. Set against this the hard thought of unrequited toil, of cruel disappointment, of momentary advancement and encouragement, and of unscrupulous competition with colleagues, which must attend ultimate professional success, and the glamour of hope, which had brightened the life of the student, is withdrawn, and he hesitates in his conviction of duty between loyalty to the profession of medicine and a desire to become suddenly rich. Thus, at the very entrance upon his career, hindrances are met which may change the destiny of the individual and solve the problem, which is fortunately solved at this moment, that all the acquisitions of his entire studentship are practically valueless, in view of his lack of adaptation to the work he had undertaken to do. Happy should he be who realizes the incompatibility between the mind, the manner, the temperament and the tastes of the practitioner and the unceasing demands of the calling he has entered upon, before its full significance overwhelms him at a later stage in his career. Thus we have, in part, at least, explanation of the startling fact which confronts us regularly every year when the medical schools let loose their many hundreds of graduates in excess of the demands of the morbid physical conditions of a distressed but accommodating people. It is soon revealed to certain numbers of recent graduates, the percentage not having been evolved from the analytical investigations of curious men, that the study of medicine, and the practice of the art, as it is sometimes called, are so dissonant and incongruous as to call for speedy adjustment or complete dissolution of the bond of union. To adjust the elements of discord between an ideal conception of the practice of medicine and a familiar acquaintance with its every-day concerns may prove so urgent a necessity as to warrant compromise, or, to use a professional word, coaptation of the several parts involved in the union. Adjustment is a necessity, perhaps because under the recently-imposed two-fold equipment of authority under the law, and adequate preparation, the practice of medicine becomes an immediate and possibly the only means of gaining a livelihood. The harmonizing of otherwise irreconcilable differences is comparatively easy to a young physician who sees starvation and humiliation and failure staring him in the face, and it may be added that the effort made by such a person to adapt himself to the conditions and perplexities of practice may so enlarge his boundary of mental vision, so discipline his character, so modify his vanity and bring down his conceit, as to perfect in him the very qualities which are most essential in a practitioner of medicine. In other words, the liberty which springs from willingness to turn from the field of medicine into other and more congenial pursuits may consign the young man to a position in which his characteristics will be presented in the form of traits and qualities altogether negative in their nature.

On the other hand, the conflict which has awakened his energies and which has established his decision in the line of his training and his aspirations, has literally set him firmly on his feet and brought out the best evidences of his manhood.

It may be asked what becomes of the young physicians whose names disappear from the roll of chartered members of the profession. Reply to this question brings me back to the subject of California, whose territory threatened, for a time, to absorb not only the adventurous, but also the excessive and less available elements in society. While the Pacific slopes in 1849, and for some time thereafter, were filling with a mixed population of good, bad and very bad representatives from the older states of the Union, a goodly number of physicians, mostly young men, turned their faces toward the land of the setting sun. Some journeyed by ship to the Isthmus of Panama, and sailed up the Pacific Ocean and through the Golden Gate, to the rich placers in that wonderful country. Others set out over the plains, in companies, and slowly and wearily pushed their way through dangers and vicissitudes to the distant region of auriferous deposit. Here and there a brief halt was called, a hollow trench excavated, and the body of an ambitious seeker after fortune was left by the way, to be quickly exhumed by prairie wolves, which left only a few bones to whiten under the influence of sun and wind as a sign of the desperate greed of man in his striving to acquire wealth.

You know the whole history of that remarkable chapter in our growth as a nation, and I allude to it here in explanation of the dismal fact that out of twenty-four names in the list of graduates of this college in 1849 thirteen appear without note as to residence or fate, as if the gold mines had lured them on to wretched death, or they had disappeared from all trace of identification on the face of the earth. If it is an easy thing, as represented, to be lost forever in a vast city like London or Paris or New York, and to leave no trace behind, it appears to be quite as easy, and in the way of natural expectation, to go forth from this college and be swallowed up in the great outside world.

I remember many of the young men of '49, opposite whose names no data are affixed, as full of life and hope, and full of the needed preliminary knowledge to inaugurate the successful practice of medicine. They doubtless passed beyond the confines of the state of New York, to disappear from observation in the western states and territories, and, as I have observed, to swell the tide of California emigration. I take it for granted that if they had survived and remained loyal to the profession of medicine they would long since have directed an appropriate message to be sent to the Albany Medical College, in token of their appreciation of the benefits which they derived from education under the distinguished teachers who filled the several chairs in the departments of instruction furnished here. In this connection, I would remark that only two of the instructors who communicated knowledge to the students in this college during the period of my pupilage, which ranged from 1845 to 1849, *filled* professional chairs at all; the others stood up when in the act of imparting instruction. The favored ones, who occupied chairs, were Professor McNaughton, in the Theory and Practice of Medicine, and Professor Hun, in Physiology, or, as it was termed in the college announcements, the Institutes of Medicine. I could not conceive why Dr. McNaughton, on such a lively and expansive theme as the multitudinous diseases of the human body, should sit, in addressing the students, while his colleague, Dr.

Emmons, on such a wearisome subject as Obstetrics and the Diseases of Children was compelled to stand before his class. I am sure the good doctor would have prevented many an ungracious student from going fast asleep during his lecture hour if he had been given a chair, while the class remained on their feet. The custom should have been reversed with the professors, so that the grand figure of the courtly Scotchman might have been displayed in all its grace and dignity and given opportunity to exhibit its ample proportions before an admiring assemblage, while the obstetric teacher, as if in actual attendance upon a case of tedious first labor, should have been allowed the comfort of a chair.

In respect to Dr. Hun, it seemed not only natural that he should sit before his class, but especially appropriate, as he unfolded in graceful, colloquial manner, and with singularly pure use of the English tongue, the mysteries of physiological operations, aided, as required, by the still more mysterious microscope, which was then just beginning to display its powers of investigation and illustration for the benefit of science. He, of all the teachers in this college forty years ago, survives in green old age as an *emeritus* professor, honored for his great learning, his consistent character, and the exemplification of the rarest professional virtues.

But to return to the troublesome question which, as a chronicler of history, it is my duty to consider. I lament my inability to put in definite form any account of the larger number of the graduates of my class. The words of the Psalmist occur to me in this connection with peculiar appropriateness: "I went by, and lo! he was gone; I sought him, but his place could nowhere be found."

At least five of my associates in that group long since gave up the struggle for life and passed to their final account. McCamus and Jones, of Schenectady, died early, the former soon after graduating. The latter for a few years maintained a good practice in his native town, and went in and out among his friends and acquaintances loved and honored, but especially in the capacity of a healer of the sick, with quiet devotion to duty, begotten of the habit of one who enjoyed the seclusion of the study and the companionship of books, rather than the activities and the competitions of life. I think of him now, with gentle voice, refined tastes, unobtrusive ways and scholarly instincts, as calculated to adorn a peaceful ecclesiastical position, or as a college librarian, with perfunctory duties merely, and living among authors and viewing the course of the world from such an undisturbed position.

Dr Dodge was a fellow-student in Professor March's office, and I early learned to appreciate and honor his faithful and conscientious efforts to acquire knowledge under that great teacher. He took up the practice of medicine at Rouse's Point, where his father, for many years, had pursued his calling as an able and industrious practitioner, and acquired an hereditary hold upon the patronage of families who had known and appreciated his character from boyhood. Later, as he grew in strength of experience, he was chosen to be the superintendent of the State Inebriate Asylum, at Binghamton, where the chief and lasting work of his life was accomplished. Returning to the place of his birth in northern New York, he resumed practice, with health impaired under the strain of official employment, and soon yielded to the power of fatal sickness. Naturally of a delicate organization, but possessed of wonderful ability to perform all the obligations imposed upon him in the discharge of duty as a physician and in the trying man-

agement of a class of unfortunate men in the Binghamton Asylum, he labored beyond his strength in a cause which in merit and practical usefulness outran the tardy sentiment of the people, and prepared the way for his premature death.

This is not the place nor is it the occasion to consider the attitude of the State toward the Inebriate Asylum, which was abandoned, under an erroneous conception of its scope and purposes, for the creation of an institution for the care of the indigent and pauper insane. A beneficent enterprise for the reclamation of drunkenness came to an unhappy termination when the authority of the State assumed the power to arrest its growing usefulness.

Of the other known decedents in the list, two in number, I retain remembrance only of Paul Todd Tabor, whose father was a prominent lawyer in this city, but I am not able to add another word of information concerning his subsequent career.

The last member of the class to be removed by death, as far as ascertained, was George W. Teeple, who ended his days during the past year.

The question recurs at every point, in this desultory consideration of the subject, in relation to the acts and the destiny of my associates in the class of 1849. It would be quite beyond the limits of reasonable expectation to insist that all who went out from this place commissioned to practice medicine remained faithful to the obligations of the profession, and are at this hour living in the dignity and satisfaction of a well-rounded life of earnest devotion to its interests. Some, I have reason to believe, have fulfilled the hopes of early manhood, and have risen from step to step to the possible achievements of professional success and distinction, and of them I shall speak presently.

From a retrospective survey of human affairs, as compared with the expectant prospect which colors and invites the adolescent period, the judgment may be hazarded that the ranks of the profession do not continue to hold all who in early life assume the honors of the doctorate.

It is surprising to observe the ready adaptation of the disappointed physician to other pursuits, and it should be noted that his ability to engage in multifarious business is proof of fertility of resources in directions not consistent with the practice of medicine. It should also be observed that he possesses versatility of genius in being able to pass from the details of legitimate practice to the conduct of the most divergent occupations in connection with the exacting demands of life. At the same time, the force and bent of early training run hand in hand with his newly-acquired business employment. He assumes the prerogatives of a specialist in electricity, in advocating the claims of a particular device, and becomes a valuable lightning-rod man. As a canvasser he figures in the realms of science, general education and biography, and holding fast to his faith in medicine, offers and urges books in every department of that vast subject. Turn to the fascinations of hydropathy, he scours the country as an agent for the sale of driven wells, with a combination behind him to compel a confiding people to contribute an unsuspected royalty to the treasury of an unscrupulous adventure. As a philanthropist, he naturally engages in the field of life insurance, and his preparatory education renders him an expert in the choice and selection of applicants for the endowment or other form of protective policy. He vends fruit and ornamental trees, which sometimes grow into what he represents and again develop into something unexpected in botanical science, having always in mind

that an excess of foliage is proof against the dangers of malaria. He travels with a combination of patent splints for the cure of every variety of fractured bone and deformity, which the physician is assured will hasten the processes of nature in the work of recovery, but which, when put to practical test, prove to be an ally of unethical lawyers in the preparation and prosecution of suits of alleged malpractice. He disposes of lenses for the restoration of impaired vision, of artificial drum-membranes for deficient hearing, and of India rubber palates for inarticulate speech. To cap the climax of his zeal in science, he has been known to turn his attention to embryology, and to superintend the generative instincts of a horse with pure blood and a famous pedigree.

But enough of this. I picture to myself my associates in the class of 1849 who have neglected to make themselves known to this organization as having carried out in a quiet and unpretentious manner the reasonable expectations of professional life.

I think it will not be questioned that the greatest diversity of gifts, and the greatest possibility of making such gifts known among men, lies in the practice of a country physician

I have observed that it is not only attainable, but easy apparently, for a country practitioner to derogate nothing from professional dignity to conform to the standards of common people. Adaptation to the customs of illiterate and unreasonable persons, in a mission like that which a physician is expected to fill, does not partake even of a semblance of compromise of his character or principles, or the least yielding of ethical proprieties. While the true physician does not abate one jot from his position of dignity or propriety in a community, and does not put on supercilious manners, he elevates the people, unconsciously to themselves, to a higher standard of moral tone. He has positive opinions on all the prominent subjects which occupy intelligent and thinking men—religious, moral, political and social; but he does not put them forward in a way to offend the sentiments of those whose belief is contrary to his own. He reads much in a general way, but he reads more on medical topics, and he finds time to read. His books are carefully selected, and he makes constant additions to his library. He keeps himself informed through the journals of the advance of medical science, and he is ready to avail himself of the growth of knowledge in every direction in the several departments of his practice. He does not lose sight of the old and precious books which formed the groundwork of his early instruction in medicine, which are tenderly and lovingly consulted as occasions require. He is strongly attached to them as endeared friends and companions, and they minister to his comfort as no newer volumes can. As Oliver Wendell Holmes said recently, when bestowing his medical library upon the Boston Medical Library Association: "These books were very dear to me as they stood upon my shelves. A twig from some one of my nerves (as I remember saying long ago) ran to every one of them."

The people of all classes place a right appreciation upon the unselfish devotion of the practitioner to his daily labors, and learn to confide in him in their deepest sorrow and distress. He above all others, they love and honor, and committing themselves to his keeping, they obtain at his hands intelligent and devoted service, and he is acknowledged, like Luke, the evangelist, to be "the beloved physician."

Dr. Mahlon Felter, from the class of '59, reported as follows:

REPORT OF THE CLASS OF '59—DR. MAHLON FELTER.

*Mr. President and Gentlemen :*

Out of forty graduates we have information in regard to only twenty-seven. Nine of these are on the mortuary list, viz.:

Adams, Newton M., died in Washington, D. C., November 17, 1869; was surgeon in the United States Navy.

Allen, Charles H., died February, 1875.

Birdsall, John, died in Newburgh, N. Y., of consumption, February, 1863.

Boulware, Jephtha R., died at Albany, N. Y., October 17, 1887.

Carrier, Lester R., died in 1860 or 1861.

Horton, Henry L., died in Rome, Italy, February 24, 1885.

Myers, John T., supposed to be dead.

Smith, Charles H., died two days after graduation, of hemorrhage of the lungs.

Welsh, Isaac L., died June 23, 1878.

Out of the nineteen remaining whose addresses we have, only eight have replied, viz.:

Dr. Charles H. Burbeck, Troy, N. Y., writes: "After serving one year as resident physician in the Albany Hospital, I entered practice with my father at Canajoharie, N. Y. In 1861 enlisted in the army, but was at once commissioned assistant surgeon in 60th N. Y. Vols. After the battle of Antietam, was in charge of a general hospital at Frederick City, Md. Rejoined the regiment and went with them through the battle of Gettysburg, and then through the Atlanta campaign, at which time was commissioned surgeon in the 102d N. Y. Vols., and enjoyed Sherman's 'grand picnic' marching through Georgia. Was health officer at Savannah for a time, and then appointed chief medical officer 3d Brig., 2d Div., 12th A. C., and finally mustered out in '65. Am now one of the attending physicians to Troy Hospital. Am married and have one child."

Dr. H. H. Carpenter, Lawrenceville, N. Y., was assistant surgeon in 106th N. Y. Vols. and surgeon in 43d N. Y. Vols. Since 1865 has practiced in Lawrenceville. He closes his letter with a grateful tribute to Dr. Armsby.

Dr. N. Jennings, Gunnison, Colo., writes that he came very near being killed in an accident on the Hudson River railroad the day after his graduation; he escaped, and going into New Jersey taught school for a time, then opened a drug store, and in '62 entered as a private in the 31st N. J. Vols. In two weeks was commissioned assistant surgeon of his regiment, and remained with it until it was mustered out in '63. He then entered general practice, and in '77 settled in Colorado. Gunnison county at that time contained fifty whites and nine thousand Indians. He has been county physician and school superintendent. In 1879 was elected commander-in-chief of the forces to defend the whites against the Indians. He is now surgeon to the Baldwin coal mines.

Dr. S. P. Johnson, New Haven, N. Y., writes a pleasant letter, in which he humorously details some of the financial embarrassments which beset his entrance into practice, and how by "strict attention to business" he was able to overcome all obstacles; how he gave the *coup de grâce* to two eclectic physicians who were going to "clean him out inside of a year." He graphically details his treatment of a case of dislocation of the spine at junction of dorsal and lumbar vertebrae,

from the effects of which injury the patient fully recovered. He also cites a case of hour-glass contraction of the uterus during labor. He closes with a eulogy on the faculty of the Albany Medical College and with best regards to members of our association.

Dr. Ira P. Smith, Bath, Steuben county, N. Y., writes that he was assistant surgeon in the late war, serving in several general hospitals and with the 10th N. Y. H. A. Returning, he settled in Bath. He has been coroner two terms, pension examining surgeon, president of Steuben county Medical Society, health officer of the village of Bath, and has held numerous other honorable positions. Is married and has three children. He closes his letter with pleasant references to Drs. March, Armsby and McNaughton.

Dr. George G. Spafford, Cavendish, Vt., writes that he was assistant surgeon in the 16th Vt. Vols. Has been pension examining surgeon. Has been a widower since 1886, and has two children, a son twenty-five years and a daughter seventeen years old.

Dr. L. M. Tuttle, Holyoke, Mass., writes that he was assistant surgeon in 6th Vt. Vols. and surgeon in 10th Vt. S. M. After the war he settled in Holyoke, Mass., where he enjoys a lucrative practice. In 1877 was appointed medical examiner for Hampshire county for seven years' term, and in 1884 was reappointed for another term of seven years.

Dr. J. J. Van Rensselaer, New Brighton, N. Y., writes that he was assistant surgeon 3d N. Y. Vols., surgeon 98th N. Y. Vols., and in 1865 was acting assistant surgeon U. S. A. stationed at the Battery in New York city, and surgeon of Soldiers' Home in Howard street, New York. Is married and has a daughter and a son. Is kept busy 365 days in the year, not saying anything about night work. Has a large obstetrical practice. Sends best wishes to all.

It is to be regretted that more of the class could not have been heard from. The record so far as learned is honorable, and we must hope that the remainder is also. Ten of the class were surgeons in the army and one in the navy.

No report was received from the class historian of '69.

Dr. Sheldon Voorhes presented the following report for the class of '79.

#### REPORT OF THE CLASS OF '79—DR. SHELDON VOORHEES.

*Mr. President and Gentlemen of the Alumni:*

It is with no little pleasure that I report for the class of '79. I am under obligations to every member for the frankness with which they have replied to my letters.

Three members of the class have died—Dr. John T. Keay, from typhoid fever, January 4, 1881; Dr. J. J. White, from pneumonia, January 24, 1887; and Dr. Henry W. Lawrence, from pneumonia and heart disease, January 15, 1889.

Dr. George M. Abbott, after graduating, began practice at Bath-on-the-Hudson, and remained there four years, when he removed to Castleton, Rensselaer county, N. Y., where he has a good practice. In April, 1885, he was married to Miss L. Adelaide Smith. They have a daughter two and a half years old.

Dr. K. A. Bushnell is at Little Falls, N. Y., where he began practice after graduation. He has a good practice. He was married in 1880, and has a little girl seven years old.



Dr. B. A. Bartlett, the present historian of the alumni, has remained in this city since graduation, and has a fair share of the medical work to do. He has a wife and one child.

Dr. E. E. Brown writes from Quaker Street, Schenectady county, N. Y.: "In the spring of 1879 I commenced practice in Bethlehem, N. Y., and continued there, with fair success financially and otherwise, for three years, when I was induced to make a change. The subsequent history is graphically told on a tombstone in Wales—"I was well, wanted to be better, took physic, and here I lie." I would be glad to tell a story of astonishing success that would make our class turn green with envy, but I can't do it—not conscientiously. I would be glad to point back to a record that would cast a lustre reflectively on the class of '79, and prove to the world that it was in fact, as well as in name, the most intellectual and best equipped class that ever graduated from the A. M. C. No, I leave that to some worthier brother. But I can say with some little pride, what I hope we can all say, that by strict and close attention to business, day and night, in storm and shine, I have thus far been able to keep out of the poorhouse. Give my kindest regards to all our brothers and my hope that they all may attain many years and great plenty."

Dr. C. S. Burnett writes: "I began my professional life in North Blenheim, Schoharie county, N. Y., April 8, 1879. Good success and plenty of business I enjoyed from the commencement. I remained seven years at Blenheim, and in the spring of 1886 bought out my old preceptor, Dr. F. P. Beard, of Summit, Schoharie county, N. Y., and removed there April 1st of that year. The best of success attended me in my new field of labor, and, notwithstanding two other physicians in the place, I have as large a ride as I can well attend to. In July of my first year's practice I married Miss Nannie Buckingham. We have no children. My family consists of self, wife and pet dog."

Dr. Menzo Barkman writes: "After leaving college I settled at Schodack Landing, and remained there two years practicing with good success. But, it being a country practice and long rides, I was obliged to give it up, on account of failing health. From there I removed to my present place of business, Waterford, N. Y. I have now bought a drug store, and am practicing medicine at the same time. Soon after graduating I married Miss Kittie Mull, her home being at Schodack Landing. I would like very much to see all the boys of our class."

Dr. W. C. Crombie writes: "Within a few days of my graduation I came to Schaghticoke, N. Y., and have been in continuous practice here ever since. December 4, 1881, I was married to Miss Alice Bell Rice. We have an only child, a little daughter, now six years old. While tending the ills of others during this time, I have been free from illness myself. My practice is that of a general practitioner; I have made no specialty, as indeed the soil of Schaghticoke seems not prolific of specialties, nor its means adapted to such ends."

Dr. G. J. Dickson writes: "In the spring following our graduation I located at Brushland, Delaware county, N. Y., my native town, and have continued in practice here till the present time, with the usual experience of a country doctor. I have been engaged in the drug business for the same length of time. I have been married five years, and have two children, a boy and a girl, and am doubtful if any other member of our class has children to compare with ours. I have

enjoyed fair health, and have lost little time on account of sickness. I hope to attend the reunion in March."

Dr. Sanford J. Engle writes from Jackson, Susquehanna county, Pa.: "I hung out my shingle in my native town, Union, N. Y., for a few weeks, about three months I think. Came here the first of July 1879, and have settled down as a hard-working country doctor. I am making money, but have to work hard for it. It seems to agree with me, however, as I weigh one hundred and eighty-seven pounds, against one hundred and sixty when I came here. I married Miss Ella M. Wade, at Union, before I came here. We have a boy baby not quite ten months old. He is a 'clipper,' a 'chip off from the old block.'"

Dr. Allen Fitch writes: "After leaving Albany I entered the University of the City of New York, and graduated in 1880. I was there made a member of the staff of the New York City Insane Asylum on Wards Island, and remained there three years. When I left I held the position of first assistant. I there received the appointment of physician to the Northern States Asylum for the Insane at Elgin, Ill. I remained there one year after which I returned to New York City, and entered into private practice. On my return to New York, I was made one of two examiners for the department of Charities and Correction, which position I still hold. Our duties are to visit Bellevue Hospital daily, where we examine and commit about two thousand cases yearly. I am unmarried."

Dr. Edmund Frost Fish writes from Miles City, Montana: "After graduating I wandered to Europe, and spent about two years in the foreign hospitals, principally at Vienna. On my return to America, I located in the city of Milwaukee, Wis. About three years ago I was induced to give up my practice at Milwaukee, which was paying well, and to locate here at Miles City, and I am here now doing splendidly. The work is hard, a great deal of it being in the country through the 'Bad Lands,' of which you have probably read. I frequently have to make long trips on horseback, which is very trying and tiresome. We get liberally paid for our work, which acts as a mild stimulus and covers a multitude of hardships. We do considerable surgery out here, such as it is, and generally manage to get a leg off, if it is necessary. I am married, but have no family; I think it is either in the climate, or the unsocial characteristics of my neighbors, that I am kept from becoming a 'daddy.' If possible, I shall come east to attend commencement exercises. Regards to everybody."

Dr. William Bassett Fish writes from Lincoln, Ill.: "My first year after graduation was spent in Albany, and in Lee, Mass. In Albany I had for a time the office of Dr. Wm. Hailes, Jr., during his absence in Europe. In October, 1880, I was appointed assistant superintendant of the Pennsylvania Institution for Feeble-Minded Children at Elwyn, and remained in that position for three years. In October 1883, I received the appointment of superintendent of the Illinois Asylum for Feeble-Minded Children, at Lincoln, Ill., which position I still hold. I was married February 14, 1883, but my wife was removed by death in 1886. I have no family. The work I am engaged in I had in view while in college, and I have been favored in being enabled to carry out plans then formed. We have at Lincoln a plant costing about \$200,000, and our inmates number about 400, their average age being sixteen years. My interest in my work increases as time goes on, and, for aught I know, will be my life-work. My old friend Wilmarth has the position I formerly held at Elwyn. He has been doing excel-

lent work in the pathological investigations of idiocy, and contributions from his pen have been printed in the proceedings of our association of superintendents and in the medical journals. I shall always be glad to welcome any of our '79 boys at Lincoln."

Dr. Charles G. Fisher writes from Roulette, Potter County, Penn.: "I came here six years ago, and have a good practice. I have a drug store with my practice, which my wife, and son attend to when I am absent. I am enjoying the best of health."

Dr. H. D. Fuller is at New London, Wis. He writes very encouragingly, and reports himself as doing largely a consulting practice.

Dr. G. W. Gregory is settled at Troy, Bradford County, Pa. He is married, and doing a good practice.

Dr. A. D. Hill is at 156 W. Harrison street, Chicago, Ill., doing a good practice, and hopes if he lives ten years longer to give a still better report.

Dr. O. J. Hallenbeck writes from Canandaigua, N. Y.: "After graduation I entered the Albany Hospital as resident physician for six months. In November, 1879, I located in Canandaigua. From the first I had business, and have had hard work ever since. By study and attention to work, I have as a result, a very flattering practice. In 1885 I bought a very fine residence of a physician who removed to Rochester to take his deceased brother's practice. Although I put a large sum of money in a house, yet I think it pays for one to have a spacious, comfortable house, with good sanitary surroundings. In June, 1880, I married Miss Lida P. Ewer, the culmination of the love I had for her through my college course. Four children, two boys and two girls, have been born to us. The youngest girl died of diphtheria in February, 1887. I am drifting especially to surgery, and am having some very satisfactory results. I belong to the county society and Central New York Medical Association, and what I think most of is our private society, of the physicians of Canandaigua. All the regular practitioners, save one, are members. We meet monthly at the different members' houses, and have a paper, report of cases, and a sumptuous repast. At present we number fourteen members. I wish every place of seven thousand or more inhabitants could have such a society. The members are all united, and these meetings are what perpetuate this union. Many physicians also belong to our Microscopical Society, which also meets monthly. Both of these societies are very dear to me."

Dr. C. F. Huddleston, at present one of the staff of the New York State Board of Health, entered the Albany Hospital in the fall of 1879, and remained a year and a half. He writes: "After leaving the hospital, my health was in really bad shape, and it was advised that the best thing for me to do would be, traveling. I sought a position that required a good deal of travel, and, that too, in a line that would not take me entirely out of the profession. I represented the house of Reed & Carnick for quite a time. My health returned fully, and it was my intention to enter into practice, but instead was successful in obtaining a very nice position in the State Board of Health, which place I have held for nearly three years. It is my desire, even at this late day, to get into practice, though I cannot say however, that I am entirely out of it."

Dr. O. F. Kinloch writes from Troy, N. Y.: "I studied a year after leaving college, and then opened an office in the center of the city, surrounded by older

practitioners, and have remained ever since. I was city physician for five years, have been deputy health officer, also jail physician. Was five years secretary of our county society, also a censor, and now vice-president and one of its delegates to the State Society. I was the first secretary and treasurer to the Medical Association of Troy and vicinity, of which I am still a member. November 8, 1881, I was married to Miss Mary L. Fales. We have no children. Have a good practice and, on the whole, reason to be thankful."

Dr. Henry Lewis writes from Argyle, N. Y.: "During the year following graduation I opened an office at Little Falls, N. Y., under the advice of my preceptor. Not meeting with a supporting practice, being moneyless, friendless, and apparently worthless, after a good deal of windy advice and moneyless counsel, I abandoned the situation. The year 1880 was a laborious one, it being spent in physical and mental work, which resulted in unexpected gain. The year 1881 was spent in hard study, combined with observations in hospitals in Boston and New York, acquiring a better knowledge of our art, and a dearly-bought self-reliance, so necessary to one fighting his way in the world. In the autumn of 1881 I paid a visit to my former college chum and classmate, Dr. R. A. Linendoll, at Fort Edward, who persuaded me to remain in that district, with a view to locating permanently. I accordingly, early in 1882, opened an office at Gansevoort, it being the next station south on the Delaware and Hudson Canal Company's railroad. Here I met with remarkable success for such a locality, as most of the surrounding country is a drifting white sand, with here and there a scrub pine bush and negro hut. In the direction of Fort Edward it is more fertile and good farming land, but presided over by practitioners from the latter village. There I worked and waited and suffered all the pangs and pains that come to an earnest worker who is determined and anxious to succeed. Becoming weary of this small town and its slender support, I disposed of my interests there in the fall of 1883, and changed my post of vigil to Sandy Hill, N. Y. Here I succeeded well, as far as moneyless business is concerned, and my medical associates and experience were of value to me. Here I remained, with the exception of about five months in the summer and autumn of 1884, which I spent as junior partner in the firm of Linendoll & Lewis, at Fort Edward. In November, 1885, I succeeded, Dr. J. S. McNeil, at Argyle, my present location. When beginning business here, I had accumulated indebtedness amounting to \$1,200, which I liquidated during the second year with money earned in my practice. I am now out of debt and enjoying the emoluments that come to one by strict attention to a hard country practice. I am still unmarried, preferring rather to suffer the frowns of my first love than to risk the frowns of a love unknown. It is proper here to say that the substantial aid given by that excellent friend and physician, R. A. Linendoll, sustained me through many seasons of discouragement and made possible my present success."

Dr. R. A. Linendoll writes from Fort Edward, N. Y.: "Immediately after graduating, I began practice in my native town, Fort Edward. I was in debt, partly for my education, which I was enabled to pay in the first year and a half, by reason of unexpected success as a practitioner. I have ever since enjoyed a fair share of the business and confidence of this district. I have been preceptor to ten students, the majority of whom graduated at the A. M. C., and nine of them are successful practitioners in this and other

parts of the state. January 10, 1884, I married Miss Anna L. Nash, of Fort Edward, and have two daughters. I may say, in conclusion, that I love my profession, have an interesting family and a good home, for much of which I am thankful to the A. M. C."

Dr. W. E. Lotheridge is located at Watervliet Centre, Albany county, N. Y.; he is doing a good practice. His family consists of himself, wife and two little girls.

Dr. W. E. Masten writes from this city: "I gave up the practice of medicine one year after graduation and have been occupied, when my health permits, at my brother's drug store in this city. I must, therefore, leave it for others of the '79's to relate the astonishingly successful surgical operations (failures never speak) and marvelous cures performed (on the quiet) with small doses often repeated."

Dr. John J. McAllister is located in this city and doing a good practice. He writes: "I am alive and philosophically happy and contented. I might blow and become egotistical, but I won't; I will leave that for the other fellows."

Dr. E. L. McMillan is settled at Barnard, Windsor county, Vt. He did not reply to inquiries.

Dr. W. J. Nellis is one of the busy men of this city. He writes: "I remained with my brother in the drug business until 1881. In the summer of '80 I traveled quite extensively in the west, with a view of locating, but did not like the country, so finally concluded to settle in Albany. I have been, I think, fairly successful. I have not married yet, and at present there are no indications, as far as I can discover."

Dr. Charles E. Parish, immediately after graduating, located at Maryland, Otsego county, N. Y., and is doing a good practice. His family consists of himself, wife and four children. He is now serving his second term as corner and was recently elected supervisor of his town.

Dr. W. B. Palmer writes from Brooklyn, N. Y.: "Two weeks after graduation I located in this city, and have remained here ever since. I have steadily gained in practice and have a good business, which I am proud of. Shortly after locating here, I was appointed surgeon to the Eastern District Dispensary, and held it for six years; it gave me a great opportunity to put my knowledge of surgery into practical use. I am well satisfied with my medical career since leaving college. I was married in 1886, and have one daughter eleven months old."

Dr. Otto Ritzman is located in this city, and writes; "During the period since graduation, my life has been uneventful, with one exception. June 25, 1884, I took to myself a wife--a woman who, as a wife and mother, cannot be excelled. I am also the father of two beautiful children, a son and a daughter. My little home is the brightest, most heavenly spot on earth to me. May 1, '79, I opened my office; on this day I was also appointed district physician; this little city office I still hold. On the first of October, 1884, Dr. William H. Murray and myself established a drug store on the corner of Hudson avenue and Willett street, and called it the 'Park Pharmacy.' In September, 1885, I bought Dr. Murray's interest in the store and became sole proprietor. I have a small practice which, with the store, keeps me quite busy. I am happy, almost contented--a few U. S. bonds would settle the latter."

Dr. Peter L. Suits is located at Tribes Hill, N. Y., doing a good practice. He writes that his health is not good, as he has dyspepsia and chronic pharyngitis.

Dr. James A. Smealle writes from 12 West Fortieth street, New York city: "I was in general practice in the village of Canajoharie, Montgomery county, N. Y., until October, 1888, and my efforts were attended with an average amount of success; at the date mentioned, I came to New York city, and intend to give my attention particularly to the study and practice of general surgery. At the present time I am associated with Dr. Seneca D. Powell, from whose office I write. September 1st, 1881, I was married to Miss Belle M. Bain, at her home in the town of Galway, Saratoga county, N. Y.; we have no children. While in practice in Canajoharie, I held the office of vice-president of the County Society two terms, and president one term."

Dr. Daniel Sickler writes from Ogden, Boone Co., Iowa: "Soon after leaving the A. M. C., I came west and settled at Ogden, a flourishing town in central Iowa. I found plenty of opposition, but, after a few months, had a fair practice, which has steadily increased. In April, 1882, I married Miss Lizzie Groat. We have no children."

Dr. F. E. Simons is located at Canajoharie, Mont. Co., N. Y., and doing a good practice. He is health officer of his town. He is married and has one boy, five years old.

Dr. John L. Schoolcraft is at Schnectady, N. Y., doing a good practice. He is unmarried.

Dr. F. B. Streeter writes from Glens Falls, N. Y.: "I am still located here, and engaged in practice, and meeting with the average success of a country practitioner. In the spring of 1880 I married Miss Ella S. Wilson, at Albany, N. Y. We have had five children, two sons and three daughters, of whom the three daughters are now living."

Dr. Martin Tygert writes from Carlstadt, Bergen county, N. J.: "I located at Sturvesant Falls, and practiced there about five years, before coming to New Jersey. I am engaged in general practice, and have been so engaged since leaving college, with the exception of one year. Have been located here four years, and am enjoying a fair practice. In March, 1879, I married Miss Mary F. Livingstone. We have four children."

Dr. T. B. Van Alstyne writes from Richmondville, Schoharie county, N. Y.: "After graduating, I spent a year as interne in Albany Hospital; then followed a year of industrious resting, until the fall of 1880, when in company with yourself I went to New York city. In May, 1881, I obtained my second sheepskin from the College of Physicians and Surgeons, and was also fortunate enough to be rated an honor man, and be accorded third prize—\$200. That was my first earning as an M. D., I think; rather more than any fee I have since obtained. Then came the all-important and difficult question of location. I picked out Hudson as my field, but when I made search for an office, before which to hang my shingle, I got tired. Every desirable room was occupied, either by a doctor, a barber, or a dressmaker. So I quit at once and went back to old Schoharie county, and at Richmondville, my native town, put out my sign. Here, since 1880, a Dr. Van Alstyne

has peddled pills. When I graduated I had no intention of being a country doctor; chance made me one. I was married in 1882. Have two girls as a result; wish I also had two boys. Am kept fairly busy all the year round. I try to, and succeed, in enjoying myself, but never more than when present on Alumni day at old A. M. C.

Dr. C. D. Van Dyck is settled at Spottswood, Middlesex county, N. J. He is doing a good practice. On February 1, 1882, he was married to Miss Francis E. B. Fisk.

Dr. Adam Walrath writes from Lassellsville, Fulton county, N. Y.: "I came here in 1879. Have a good practice, and no reason to complain. When I left A. M. C., I was in debt. Now I have a nice home, wife, a boy eight years old, and as fine a library as a country doctor could wish for. I expect soon, to locate in a larger place. I shall try to be at the next meeting of the Alumni."

Dr. G. H. Watson is settled at Bridgewater, Mass., a beautiful New England town of 4,000 inhabitants, where, by constant attention to business, he has established a fine and lucrative practice. He enjoys good health; has a fine library; is unmarried.

Dr. H. A. White writes from Argusville, N. Y.: "I have been located in Argusville ever since I left Albany. The place has two hundred inhabitants, and is located ten miles from the New York Central railroad. I have a good country practice that brings me in between two and three thousand dollars per year.

Dr. W. A. Wilmarth writes from the Institution for Feeble-Minded Children, at Elwyn, Penn.: "I am sorry, that I have not done more to add to the credit of my class. After leaving college, I went to Fall River, Mass., and went into general practice. I stayed there six months, doing well, and then went to my native place, Taunton, Mass. I was in general practice until October, 1883, when I came here as Dr. Fish's successor, and assumed the duties of assistant superintendent and physician to the institution. I have done a little studying in the pathological conditions accompanying idiocy published in the *Alienist and Neurologist*, and hope to do more in the near future."

For myself, after graduating, a year and a half was spent in the Albany Hospital, and then a course taken at the College of Physicians and Surgeons, New York. In July, 1881, I began practice at Auburn, N. Y., where I have remained since, and am doing a fair practice. In April, 1882, I married Miss Eliza Van Alstyne. We have two children, a girl and a boy.

Dr. W. G. McDonald, secretary of the nominating committee, presented the following report:

*For President,*

Dr. WILLIAM C. WEY ('49), Elmira, N. Y.

*For Vice-Presidents,*

Dr. LEWIS W. PENDLETON ('64), Portland, Me.

Dr. MATTHEW H. BURTON ('53), Troy, N. Y.

Dr. THOMAS D. CROTHERS ('65), Hartford, Conn.

Dr. HAMBLIN B. MABEN ('57), Kingston, N. Y.

Dr. SHELDON VOORHEES ('79), Auburn, N. Y.

*For Recording Secretary,*

Dr. WILLIS G. TUCKER ('70), Albany, N. Y.

*For Corresponding Secretary,*

Dr. CHARLES M. CULVER ('81), Albany, N. Y.

*For Treasurer,*

Dr. SELWYN A. RUSSELL ('77), Albany, N. Y.

*For Historian,*

Dr. EZRA A. BARTLETT ('79), Albany, N. Y.

*For Members of Executive Committee (term three years),*

Dr. HENRY E. MERENESS ('74), Albany, N. Y.

Dr. HERMAN BENDELL ('62), Albany, N. Y.

Dr. ROBERT BABCOCK ('84), Albany, N. Y.

Dr. WILLIAM L. ALLEN ('81), East Albany, N. Y.

On motion of Dr. Didama, the report was accepted and adopted, and on motion of Dr. Bendell the recording secretary was instructed to cast a ballot on behalf of the association for the gentlemen named therein. This having been done, those named in the report were declared by the president duly elected officers of the association for their respective terms.

Dr. Herrick, from the committee to examine the treasurer's accounts reported them correct, and on his motion the committee was discharged and the report of the treasurer accepted and ordered filed. The committee suggested that the annual dues might be raised or the indebtedness of the association liquidated by voluntary subscriptions, but no definite action was taken.

The recording secretary presented the following

#### NECROLOGY.

Dr. Stephen G. De La Mater ('42), at Duaneburg, N. Y., June 23, 1888, æt. 73.

Dr. George M. Teeple ('49), at Bridgeport, Conn., September 6, 1888, æt. 65.

Dr. Thomas Helme ('54), at McKownsville, N. Y., March 17, 1889, æt. 57.

Dr. Robert H. Sabin ('56), at West Troy, N. Y., December 4, 1888, æt. 56.

Dr. William L. Baldwin ('63), of yellow fever, at Jacksonville, Florida, September 3, 1888, æt. 48.

Dr. Harrison R. Winter ('64), at Phœnicia, N. Y., March, 1888.



Dr. Frank G. Buckbee ('71), at Fonda, N. Y., October 23, 1888, æt. 38.

Dr. Almon S. Allen ('72) at New York city, March 17, 1889.

Dr. Henry W. Lawrence ('79), at Ballston Spa, N. Y., January 15, 1889.

Dr. Thomas D. Worden ('80), at Fort Plain, N. Y., April 19, 1888.

Dr. Robert M. Andrews ('88), at Guilderland, N. Y., October 18, 1888.

The corresponding secretary, Dr. Culver, read letters from the following: Drs. R. F. Stevens ('41), John Dewey ('47), M. W. Seaman ('53), S. W. Austin ('54), A. M. Day ('60), W. M. Fleming ('62), J. K. Abbott ('71), W. L. Allen ('81), G. J. Holmes ('82), H. R. Powell ('82), John A. Cutter ('86), and W. H. Fox ('88).

The receipt of photographs was acknowledged from Dr. H. V. Mynderse, of his father, Dr. B. A. Mynderse ('53), and from Drs. A. M. Day ('60), J. A. Phillips ('65), and L. C. Hubbard ('82).

No further business appearing, the meeting adjourned.

#### COMMENCEMENT EXERCISES.

The fifty-eighth annual commencement exercises of the Albany Medical College were held at the Leland Opera House, on Thursday afternoon, March 21, 1889, at 3 o'clock, in the presence of a large audience. The president of Union University, Harrison E. Webster, LL.D., presided, and upon the stage were seated the members of the faculty, board of trustees, curators of the college, officers of the alumni association and prominent citizens. The order of exercises was as follows :

OVERTURE—"Vaudeville,"	- - - - -	<i>Koppits.</i>
PRAYER,	- - - - -	REV. A. V. V. RAYMOND, D.D.
TARANTELLA, "Forosetta,"	- - - - -	<i>Arditi.</i>
ESSAY,	- - - - -	CHARLES GILCHRIST BRIGGS.
SELECTION—"Pearl of Pekin,"	- - - - -	<i>Kerker.</i>
CURATORS' REPORT,	- - - - -	S. H. FREEMAN, M.D.
CONFERRING DEGREES—By the President,	- - - - -	HARRISON E. WEBSTER, LL.D.
MAZURKA, "Amorosa,"	- - - - -	<i>Navaro.</i>
SEMI-CENTENNIAL ADDRESS,	- - - - -	DAVID MURRAY, PH.D., LL.D.
MEDLEY OVERTURE—"Jollification,"	- - - - -	<i>Wiegand.</i>
VALEDICTORY,	- - - - -	JAMES EZRA SMITH.
MUSIC—"On the Plantation,"	- - - - -	<i>Puerner.</i>
REPORTS ON PRIZES AND APPOINTMENTS.		
BENEDICTION.		
MARCH—"Templar,"	- - - - -	<i>Puerner.</i>

The following is a list of the graduating class :

ANDREW HERBERT BAYARD, N. Y.	ELMER ELLSWORTH JOHN-
FRANK AUGUSTUS BELL, - "	STON, - - - - - N. Y.
HOWARD FRANCIS BONESTEEL, "	JAMES BENEDICT KENNAH, "
BURTON SYLVANDER BOOTH, "	WILBUR FISK LAMONT, - "
JAMES EDWARD BRENNAN, - "	GEORGE EMORY LOCHNER, - "
CHARLES GILCHRIST BRIGGS, "	ARCHIBALD GOW LOSEE, - "
HENRY WILSON BROWN, - Mass.	CLIVE CHARLES McCULLOUGH, "
CHARLES SMITH BUMSTEAD, N. Y.	JESSE MONTGOMERY MOSHER, "
A. MARSHALL BURT, - - "	CHARLES WILLIAM NICHOLS, - "
CHARLES HARLOW CALLEN-	EMMETT NIVER, - - - "
DER, - - - - - Mass.	ALONZO THOMAS POWELL, - "
WILLIAM MELANCTHON CAMP-	JESSE WOOD ROSCOE, - - "
BELL, - - - - - N. Y.	ALANSON DECATUR ROSE, - R. I.
SAMUEL CHESEBROUGH, - - "	WILLIAM RUFUS SEEBER, - N. Y.
FRED S. DEYOE, - - - - "	JAMES EZRA SMITH, - - "
ALPHONZO CAJETAN DORVAL, "	MARION ROBERT SMITH, - - "
RICHARD FRANCIS DUNCAN, Mass.	FRANK SIMEON SNOW, - - "
ROBERT FURMAN, Jr., - - N. Y.	CHARLES WIGHT SNYDER, - - "
FREDERIC CROSWELL GOR-	LEONARD JOHN SOMERS, - - "
HAM, - - - - - Conn.	JAMES READ STRANG, - - "
CHARLES EDGAR GREENMAN, N. Y.	WILLIAM VAN DOREN, - - "
HURAND HAROOTUNE HEKI-	THOMAS CATLIN WASHBURN, - "
MIAN, - - - - - Turkey in Asia.	MERLIN JAY ZEH, - - - "

President Webster announced that Mr. Walter G. Murphy had successfully passed the examinations, but lacked six months of the age essential to graduation, and that he would receive the degree of Doctor of Medicine at the next commencement. Also that Dr. William H. Bailey, of Albany, had been appointed by the trustees a curator of the college.

The following prizes were awarded : To the student passing the best senior examination a pocket case of surgical instruments, the gift of Dr. T. W. Nellis ('81), to James E. Brennan; first surgical prize, offered by Professor Vander Veer, to Charles E. Davis; second surgical prize, offered by Professors Hailes and Morrow, to Charles E. Greenman; eye and ear clinic prize, offered by Professor Merrill, to Henry W. Brown; prize for best report of lectures on physiology, offered by Professor Townsend, to James H. Tobin. The appointments on the staffs of the Albany and St. Peter's Hospitals, open to competitive examination to members of the graduating class, were made as follows : Albany Hospital, first, James E. Brennan; second, Walter G. Murphy. St. Peter's Hospital, first, Charles G. Briggs; second, Leonard J. Somers. The following theses were specially commended by the curators: "Quantitative Urinalysis," by James E. Brennan; "General Paralysis of the Insane," by J. Montgomery Mosher; "Supra-Pubic Cystotomy," by James E. Smith; "Anæsthesia and Anæsthetics," by Hurand H. Hekimian.

## ALUMNI DINNER.

The sixteenth annual dinner of the Alumni Association was held at the Delavan House, on Thursday evening, March 21, 1889, at eight o'clock. About one hundred and fifty were present, including members of the association, their guests and members of the graduating class. After the tables had been cleared and cigars passed, the following toasts were responded to, ex-President Bendell acting as toastmaster :

1. "Our Alumni Association," Dr. Lewis W. Pendleton.
2. "The Albany Medical College," Professor William Hailes, Jr., M.D.
3. "The Clergy," Rev. Dr. A. V. V. Raymond.
4. "Our Alma Mater," Dr. William C. Wey, president-elect.
5. "The Press," Professor Melvil Dewey.
6. "The Legal Profession," Hon. John M. Bailey.
7. "Our ex-Presidents," Professor Albert Vander Veer, M.D.
8. "Our First President," Professor Henry D. Didama, M.D.
9. "Union University," President Harrison E. Webster, LL.D.
10. "The Class of '89," Dr. Frederic C. Gorham.

After the reading of the class poem by Dr. Henry W. Brown, of the class of '89, the parting ode was sung to the tune of "Auld Lang Syne," and President Bailey declared the reunion of '89 at an end.

## CORRESPONDENCE.

ENFIELD, CT., April 8, 1889.

*Editor Albany Medical Annals :*

DEAR DOCTOR—\* \* \* Inclosed please find one dollar for the ANNALS for the present year. I would very much like the work, as it would keep me informed as to the advances and prosperity of the Albany Medical College, which has ever held a warm place in my heart. I am not utterly ignorant of the high position some of the professors and graduates of the college have taken in the profession and in the community where they have been located. Be assured that it is a source of great satisfaction to me to learn of the success in life of any graduate of the Albany Medical College. Of those who graduated with me, only three, if even that number, are living—Snyder, Strong and myself. Fifty years this month, and what a change in every thing ! All is well, if we have fought the good fight and kept the faith with honors untarnished. \* \* \* Very truly yours,

R. STRICKLAND.

(Albany Medical College, class of 1839.)

## ABSTRACTA.

**CHARCOT ON SUSPENSION IN THE TREATMENT OF PROGRESSIVE LOCOMOTOR ATAXY\*.**—(E. J. Edwards, M. D., in *The London Medical Recorder*.) Professor Charcot recently gave a clinical lecture on vertical suspension of the body in the treatment of progressive locomotor ataxy and some other diseases of the nervous system. This novel method of treating tabes dorsalis was first initiated by Dr. Motchoukowsky, of Odessa, who published a *brochure* on the subject in 1883; but it received no attention in Western Europe till 1888, when Professor Raymond, of Paris, while on a scientific mission in Russia, was struck with the results presented to him. Dr. Ouanoff, his fellow-traveler (a pupil of the Salpêtrière clinic), showed its practical application there. In Motchoukowsky's pamphlet considerable improvement was ascribed to it in twelve tabetic persons; also in various neurasthenias, independent of tabes, in which the sexual functions were re-established by this treatment. The patient is suspended for about three minutes by a Sayre's apparatus, and the arms of the patient, while suspended, are raised every fifteen or twenty seconds to increase the traction on the spinal column.

Charcot's tabetic patients numbered eighteen, with 400 *séances*. Of these, four were only suspended each three times; the rest went on regularly. Of these Professor Charcot says: "The remaining fourteen have experienced in varying degrees an improvement, which in eight has been quite remarkable." All were pronounced tabetics. Walking is improved to begin with; the patients say they can walk better after the first suspension. This improvement at first lasts only a few hours, but after eight or ten sittings persists. After twenty or thirty sittings Romberg's sign disappears. Then vesical troubles are lessened or removed; also the lightning pains. Sexual impotence gives place to sexual desires and erections. (Experiments by Dr. Ouanoff on healthy persons have shown that this method has an exaggerating effect on virility.) The cotton-wool feeling in the feet gives way more or less to healthy sensations, and in general the whole health improves. Every patient steadily improved, with one exception, a young tabetic, aged 32, who at first improved, then fell off, then improved somewhat. But the knee-jerks have not reappeared in any of the patients after three months' treatment, nor are the pupillary symptoms altered. As to other diseases, a young female with Friedreich's disease was greatly improved by the treatment. In two neurasthenic and impotent patients the sexual functions were re-established. But a patient with disseminated sclerosis was made worse, for after two sittings a spasmodic paraplegia

\* Charcot, Professor.—De la Suspension dans le Traitement de l'Ataxie Locomotrice Progressive et de quelques autres Maladies du Système Nerveux. (*Progrès Médical*, Jan. 19, 1889.)

appeared, which, however, gave way in three days. Further trial of this method is required before an opinion of its value can be given. The results are most encouraging so far, and at any rate perfectly harmless.

IS COMPULSORY NOTIFICATION OF INFECTIVE DISEASE A FAILURE?—It is usual for the advocates of the compulsory notification system, when confronted with the argument that it is unconstitutional in principle and oppressive in practice, to reply that, whether it is or not, it is expedient and useful, and that the "end justifies the means."

We might contest this argument and urge that the justice and freedom of the subject should not be violated by any law unless for some manifest and coercive reason, and to effect some great and indisputable good, and that no such cause has been shown for introducing into legislation the new principle that an innocent person should be held responsible for the fault of a guilty. We, however, pass by all these considerations for the present, and put the simple question, does the end justify the means? In other words, we challenge proof of the statement that compulsory notification does produce any beneficial effects whatever upon the public health, and we raise the question whether, all things considered, it seems likely to do so, while at the same time we assert, for the sake of argument, that the system is absolutely hurtful, and is calculated to produce an increase of the disease, and a loss of life thereby.

It will be admitted that those who ask the legislature to step outside recognized principles are bound to show cause, and if they fail to do so the recognized principles must stand. But we say that the notificationists, having been afforded all possible opportunity of proving their case, have failed to do so, and they have shown, no doubt, that compulsory notification has produced a crop of reports of infectious disease which does not surprise us, seeing that such reports are liberally paid for, whether the cases reported are infective or not. But have the compulsionists shown, or can they show, that in any one town in which compulsion is the rule, or in all the towns put together, the mortality is even a decimal lower than in other towns similarly situated and of equal population in which no compulsion exists? We think not; and we appeal to the figures given by Dr. Biddle, the statist of the General Medical Council, in a recent issue of this journal, to prove that the exact reverse is the case.—*Medical Press and Circular*.

THERE is never a time when the microscope need be put aside for lack of material. The yellow dust in the heart of a flower, a drop of stagnant water, the window garden—in fact, the whole world, in summer and winter, teems with invisible forms. Let no one feel discouraged and put aside the microscope.—*The Microscope*.

# Albany Medical Annals.

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THE MEDICAL EXAMINERS' BILL has again been brought up in the legislature, and recently a hearing was had on it by the senate committee to which it was referred, the arguments in its favor being offered by Drs. Roosa and Lewi of the committee on legislation of the State Medical Society, which has been true to the objects of its existence since it was organized in 1806 to put down quackery and elevate the standing of the medical profession. Notwithstanding their able presentation of its case, it is not likely that a passage will be secured. The bill is opposed by the less liberal element of the homœopathic sect, by the eclectic, and by all sects, and, of course, by all empirics also. The only argument of the sectarians is that it will destroy or injure their interests, holding which opinion their opposition is but natural; self-preservation is a first law. It is not likely that the senate committee will ignore this claim, whether it is reasonable or not, although it is not held, or at least the bill is not opposed, by some of the homœopaths, who were represented in its favor by Dr. Guernsey, of New York.

It is a question whether in its present form a bill will ever pass. It recognizes the existence of various medical sects, and specifies the representation that each shall have. We would suggest that this recognition is needless; and, moreover, it is not in accord with the position the State Medical Society has assumed since 1883. All that is sought can be accomplished by omitting from the bill all reference to sects and their representation on the board. The appointment of the Board of Examiners is to be made

by the Board of Regents. Let the responsibility for its composition rest without reservation with them. It is safe to say that all interested will have proper representation under this arrangement.

Very likely the same end could be reached by omitting the requirement of examination in therapeutics, which is the point mainly at issue between the so-called sects; and all the purpose aimed at in the bill would be secured if this omission were made. Such a change is favored by some.

No doubt all that is desired could be secured by a bill to simply render the law of 1872, authorizing the Board of Regents to appoint a board or boards of medical examiners, compulsory upon future aspirants to medical practice. It should be seen to, however, that but one single board is constituted, under whatever form it is passed; a board for every sect would be absurd and, moreover, unjust, if it provided for a separate board for the regular, the homœopath and the eclectics and made no provision for hydropaths, electropaths, vitapaths, and the innumerable sects that will always exist on the skirts of medicine. Such class legislation would be unconstitutional. The converse would put us in a worse condition than now exists. A single board alone can advance the standing of the profession. In other states medical organizations are working to secure a board of medical examiners, and in the course of time this good end will doubtless be generally secured.

OUR readers will remember very pleasantly the kind face, winning manners, and strong professional points of character as seen in Dr. Duane B. Simmons, who visited this city two years ago, spending some time with members of the profession here at the different hospitals and at the medical college. He attached himself very strongly to all, and made very many friends. All will regret to hear of his death, which occurred at Tokio, Japan, on February 19, whither he returned about a year since.

He was born at Milan, Dutchess county, N. Y., August 13, 1832. Since 1859 he had spent most of life in Japan, being absent from that country during 1865, '66 and '67, spent in study here and in Europe. He organized the first hospital service in that country, and was appointed by the government its medical director and chief of staff. He was the first to teach native students in their own country, and was greatly beloved by all of them.

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BOOK NOTICES.

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**THE AMERICAN ARMAMENTARIUM CHIRURGICUM.** Edition of 1889 George Tiemann & Co., 107 Park Row, New York.

Messrs. Tiemann & Co have bestowed upon the profession a great benefit in presenting so valuable an illustrated catalogue and price-list of their instruments. It is most carefully prepared and very correct, giving a full description of many operations, and it will be especially valuable to medical students and busy surgeons. It presents all the care in preparation that is ever exercised by this firm in doing their work, and we take pleasure in presenting this notice to our readers.

Every surgeon and physician is entitled to one copy of this work upon payment of one dollar for cost of binding; additional copies may be obtained at five dollars each. The Armamentarium weighs 104 ounces, and, if ordered to be sent by mail, 52 cents per copy must be added for postage; otherwise, it will be forwarded by express, which will be the cheapest in most cases.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.** A Work of Reference for Medical Practitioners. Seventh Year. 554 Pages. \$2.75. E. B. Treat and Co., Publishers, 771 Broadway, New York; London, Paternoster Row; Chicago, 199 Clark St. 1889.

In the large corps of editors appear such names as R. S. Fancourt Barnes, Charles L. Dana, James L. Leaming, S. Morell Mackenzie.

The first part is a Dictionary of New Remedies, with supplements on Massage and Electricity, quite full, and well illustrated. The second and larger part is a dictionary of New Treatment. The design is to help the practitioner, more than the medical student, and is a mirror of the very recent knowledge in medicine.

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PERSONAL.

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—Dr. J. Montgomery Mosher ('89) is assistant physician at Willard Asylum, Willard, N. Y.

—Dr. Selwyn A. Russell ('77) was married April 25, 1889, to Miss Lucy Hamilton Harris, daughter of Hon. Hamilton Harris, all of Albany.



—Dr. A. N. Guffin ('85), formerly of Albany, now of Carlisle, N. Y., was married January 23, 1889, to Miss 'Satie Baumes, daughter of Mr. Jacob Baumes, of Grosvenors Corners.

—Dr. George F. A. Spencer ('81), of Barre, Mass., has been appointed by Governor Ames medical examiner for Barre, Hubbardston, Dana, Hardwick, New Braintree, Oakham and Rutland.

—Dr. Philip J. Zeh ('69) died from pneumonia in Gilboa, Schoharie county, N. Y., in February last. When a student at the Albany Medical College, his home was in Breakabeen, but, shortly after graduating, he succeeded to the practice of the late Dr. Lehmann, in Gilboa, where he resided until his death.

—One of the interesting events of Alumni Day was the attendance of an entire quiz class of the class of '66. When they graduated they were photographed in a group, and now, after twenty-three years, they were rephotographed as nearly as possible in the same positions as before. They were dined by Dr. J. F. McKown, of Albany, at his residence, corner of Dove and Hamilton streets. The members are Drs. Benj. Dods Gifford, of Chatham, Mass.; C. S. Grant, of Saratoga, who was valedictorian of his class; J. F. McKown, of Albany; Isaac T. Monroe, of Granville, Washington county, N. Y.; James F. Murray, of Gloversville, N. Y.; George O. Williams of Greene, Chenango county, N. Y., and C. E. Witbeck, of Coöes, N. Y.

—Francis LeRoy Chapin, M.D. ('51), died Wednesday, April 10, at Glens Falls, in his 65th year. He was born at Oxford, Chenango county, May 30, 1824. He was a graduate at Oxford Academy, Union College and the Albany Medical College, and after graduating from the medical college was for a time a teacher in the college, and practiced his profession in this city until the breaking out of the war. In 1861 he was commissioned surgeon of the Thirtieth regiment, N. Y. Vols., and performed arduous service for three years. He was sent to the front a second time as a volunteer surgeon by Governor Seymour. In 1866 he removed to Glens Falls, where he has since practiced his profession. He was a member of the State, the Warren County, and the Union Medical Societies. He was elected president of the latter. He was also president of the Association of the Alumni of the Albany Medical College in 1880. He was twice married. His first wife was Miss Lucinda Dodge, of Oswego, who died in 1859. In 1863 he married Miss Matilda Rockefeller, of Albany, who survives him.



## Medical Society of the County of Albany.

Annual meeting, second Tuesday in October. Semi-annual meeting, second Tuesday in May. Stated meetings, held Wednesday evenings, in Alumni Hall, at least once a month, from October to May.

**OFFICERS.**—D. H. Cook, president; D. W. Houston, vice-president; W. O. Stillman, secretary; J. V. Hennessy, treasurer.

**CENSORS.**—Franklin Townsend, T. F. C. Van Allen, F. C. Curtis, F. R. Greene, Joseph D. Craig.

### *List of Members, together with their Addresses and Office Hours :*

- |   |   |
|---|---|
| Archambeault J. L. 56 Congress, Cohoes, 8-9, 1-3, 7-9   | Macdonald W. G. 76 Hudson av. 7-8½, 1½-3, 7-8½            |
| Babcock R. 59 Eagle, 8-9, 1-3, 7-8                      | McHarg M. 50 Madison av. 8-10, 1-3, 7-8                   |
| Bailey T. P. 95 Eagle, 9-10, 3-4, 7-8                   | McNaughton H. G. 3 S. Hawk, 7-11, 3-7                     |
| Bailey W. H. 1 Washington av. 8-9, 3-4, 8-9             | Mereness H. E. 184 State, 1-3, 6-8                        |
| Balch L. 14 Washington av. 8½-9½, 2-3½, 7-8             | Merrill C. S. 21 Washington av. 12-4, 6-7                 |
| Ball O. D. 69 Broadway, 8-9, 1-3, 6-8                   | Miller H. 85 Jefferson, 9-10, 2-3, 7-8                    |
| Barker J. F. 54 Clinton av. 9-10, 2-3, 6-8              | Mitchell J. H. Remsen, c. Schuyler, Cohoes, 1-3, 7-9      |
| Bartlett E. A. 20 S. Hawk, 8-9, 1-3, 6-7                | Monroe N. Swan, c. George, Green Is'd, 7-9, 1-3, 7-8      |
| Becker H. New Salem, 8-9, 1-2, 7-9                      | Moore C. H. 341 Hudson av. 8-9, 1-3, 6-8                  |
| Beckett T. 276 Washington av. 7-9, 1-3, 6-10            | Morrill F. D. 74 Westerlo, 8-9, 1-3, 6-8                  |
| Bendall H. 178 State, 1-4                               | Morrow S. R. 29 S. Hawk, 8-9, 2-3, 6-8                    |
| Bigelow J. M. 52 Eagle, 8½-9½, 2-4, 7-9                 | Mosher C. D. 351 South Pearl, 2-4                         |
| Blair L. E. 204 State, 8-9, 2-4, 6-8                    | Mosher F. G. Coeymans, 8-10, 7-8                          |
| Blatner J. H. 132 Hudson av. 8-9, 2-3, 6-8              | Munson G. S. 30 Eagle, 9-4                                |
| Boudrias L. 18 Seneca, Cohoes, 8-10, 1-3, 7-9           | Murphy P. M. 66 Jay                                       |
| Boyd J. P. 152 Washington av. 8½-9½, 1½-3½, 7-8         | Murray W. H. 269 Lark, 8-9, 1-3, 6-7½                     |
| Britton O. 164 Elm                                      | Nellis T. W. 44 Eagle, 8½-10, 1-3, 6-8                    |
| Brown R. J. 648 Central av. 8-9, 2-3, 7-8               | Nellis W. J. 44 Eagle, 8½-10, 1-3, 6-8                    |
| Capron A. S. 66 Westerlo, 8-10, 1-3, 6-8                | Newcomb G. H. 94 Chestnut, 9-10, 1-2, 6-8                 |
| Carroll T. L. 40 Spencer, 8-10, 1-2, 6-8                | O'Leary D. V. 69 S. Ferry, 8-9, 1-3, 6-8                  |
| Case D. C. Slingerland, 8-9, 6-9                        | Paine H. S. 105 State, 8-10, 6-8                          |
| Case H. S. 101 Madison av. 8-10, 2-3, 6-8               | Papen G. W. 268 Madison av. c. Hawk, 8-9, 2-3, 7-8        |
| Clark R. D. 66 Eagle, 8-9, 1-2, 6-8                     | Peltier G. U. Cohoes, 9-12, 5-8                           |
| Classen F. L. 262 Lark, 9-10, 2-3, 7-8                  | Perry T. K. 174 Second, 8½-9½, 2-3, 6-8                   |
| Cook, D. H. 264 Clinton av. 8-9, 1½-3, 6-8              | Peters S. 7 Seneca, Cohoes, 8-9, 1-3, 6-8                 |
| Cooper J. L. 705 Broadway, 8-9, 1-2, 6-8                | Porter C. H. 103 Lancaster, 8-9, 2-3, 6½-7½               |
| Craig, J. D. 12 Ten Broeck, 9-10, 2-3, 7-8              | Purple W. L. 46 Second, 9-10, 1-2, 7-8                    |
| Craig W. H. 12 Ten Broeck, 8-9, 2½-3, 7-8               | Reynolds W. H. T. 70 S. Hawk, 8-9, 1-3, 7-8               |
| Crawford C. H. 216 Hudson av. 8-10, 2-4, 7-8            | Ritzman O. 385 Hudson av. 8-9, 1-3, 6-8                   |
| Crounse H. Clarksville, 9 v. M. 4 P. M.                 | Ross J. W. 140 Main, Cohoes, 8½-10, 1-3, 6-8½             |
| Crounse J. Altamont, 8-9, 7-9                           | Russell S. A. Lancaster c. Lark, 8-9½, 1-2, 7-8           |
| Culver C. M. 36 Eagle, 10-12, 2-4                       | Sabin W. B. West Troy, 7-8½, 12-2, 6-7                    |
| Curtis F. C. 17 Washington av. 8-9, 2-3, 7-8            | Scattergood C. F. 49 Eagle                                |
| Davidson J. R. South Bethlehem, 8-9, 1-2, 6-7           | Schutter W. L. 28 North Knox, 8-9, 2-3, 6-8               |
| DeGraff A. Gunderland, 8-9, 1-2, 6-7                    | Seger C. E. Callanan's Corners, 8-9, 1-2, 6-7             |
| DeSilva G. R. Preston Hollow                            | Shanks S. G. 547 Clinton av. 8-10, 1-3, 7-8               |
| Devot C. 48 Franklin, 8-9, 12-2, 8-9                    | Sheppey J. V. 301 Hudson av.                              |
| DuBois Mary, 172 Hamilton, 11-1, 2, 7-8                 | Shiland J. C. 1409 B'way, West Troy, 8-9, 2-3, 6-8        |
| Dwyer M. J. 3 Lancaster, 8-9, 1-3, 7-8                  | Skillicorn J. H. 324 Hudson av. 8-9, 1-3, 6-7½            |
| Eastman Noah L. 427 Clinton av.                         | Smith C. H. 246 Washington av. 8-10, 1-3, 5-7             |
| Elmendorf G. E. Alcove                                  | Smith R. J. 31 Jay  |
| Feather-tonhaugh J. D. 5 Summit, Cohoes, 2-3, 7-8       | Southworth J. B. 47 Eagle, 11-3                           |
| Fennelly P. E. Broadway, West Troy, 10-12, 4-5          | Starkweather H. R. 234 Central av. 8-9, 2-3, 7            |
| Fisk F. H. 91½ Hudson av. 8-9½, 1-3, 7-9                | Steenberg B. U. 1 Ten Broeck, 8-9, 2-3, 6½-8              |
| Fleishman D. 134 Hudson av. 8-10, 2-3½, 7-8             | Steenberg H. W. 24 George, Gr'n Is'd, 7-9, 1½-3, 6-8      |
| Fowler A. 29 Second, 8-9, 1-3, 7-9                      | Stillman W. O. 287 State, 8-9, 2-3, 7-8                   |
| Freeman S. H. 77 Columbia, 8-9, 1-2, 6-7                | Stonehouse J. B. 20 S. Knox                               |
| Graveline L. C. B. 181 Madison av. 8-9, 1-3, 7-9        | Ten Eyck A. P. Defreestville, Rens. Co. 7-9, 1-3, 6-8     |
| Greene F. R. 626 Central av. 8-9, 1-3, 7-9              | Thompson J. 5 Canal, 8-9½, 1-2½, 6-8                      |
| Hailes W. 197 Hamilton, 9-1-2, 6-7½                     | Townsend F. 2 Park Place, 8½-9½, 2-3, 7-8                 |
| Haines R. South Westerlo                                | Trego T. M. 5 Ten Broeck, 8½-9½, 2½-3½, 7-9               |
| Hale L. 194 Clinton av. 8-9, 2-3, 6-7                   | Tucker W. G. Albany Medical College building, 2-6         |
| Hallenbeck E. C. Bethlehem Centre                       | Ullman G. L. 92 Central av. 8-9, 2-3, 6-7                 |
| Haskell J. M. Bath, Rens. Co. 8-9, 12-2, 7-9            | Van Allen T. F. C. 47 Eagle, 1-4                          |
| Haynes J. U. 76 Remsen, Cohoes, 8-9, 12-2               | Vander Veer A. 28 Eagle, 8-9, 2-3                         |
| Healey J. C. 65 S. Ferry, 8-9, 1-3, 6-8                 | Van Rensselaer Howard, 94 Columbia, 9-11, 1½-3            |
| Hennessy J. V. 137 N. Pearl, 7-9, 1-3, 6-8              | Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8              |
| Houston D. W. 136 Mohawk, Cohoes, 1-3, 7-9              | Van Vranken A. T. 16th, c. 3d av. W. Troy, 8-10, 1-3, 6-8 |
| Huested A. B. State, c. Eagle                           | Ward S. B. 135 North Pearl, 9-10, 2-3, 6-7                |
| Hun H. 33 Elk, 8-9½, 2-3, 7-8                           | Weidman F. Westerlo, 6-10, 6-9                            |
| Hun T. 33 Elk   | Willard T. H. Albany Post-office                          |
| Keegan P. J. 48 Clinton av. 8-9, 1-3, 6-8               | Winne L. B. 72 Livingston av. 8-10, 1½-3, 6-8             |
| Kilbourne A. W. 792 Broadway, 8-9, 2-3, 7-9             | Witbeck C. E. 20 Seneca, Cohoes, 8-9, 1-3, 7-9            |
| La Moure U. B. 90 Hudson av. 8-9, 2-3, 7-9              |   |
| Lempe Geo. G. 57 Eagle, 9-10, 2½-4, 7-8                 |   |
| Larkin E. E. 27 Eagle, 8-9, 2-3, 7-8                    |   |
| Lewi M. J. 48 Eagle, 8½-9½, 1½-3, 6½-8½                 |   |
| Lewi J. 94 Westerlo, 8-9, 2-3, 6-9                      |   |
| Lyon G. E. 494 Croton, West Troy, 8-10, 5-7             |   |
| Marshall W. C. 28 Eagle, 8-9, 2-3, 7-8                  |   |
| Marsh A. 107 Lancaster, 8-10, 1-3, 7-8                  |   |
| McAllister J. D. 85 Madison av. c. Rose, 8-9, 12-3, 6-8 |   |

### *Died during the Year :*

- B. B. Fredenburgh, Palatine Bridge, Montgomery Co., August 28, 1888, et. 92.  
 Thomas Helme, McKownsville, March 17, 1889, et. 57.  
 Robert H. Sabin, West Troy, December 4, 1888, et. 56.  
 John Swinburne, Albany, March 28, 1889, et. 69.

# ALBANY MEDICAL ANNALS.

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## THE PRESENT PATHOLOGY AND TREATMENT OF ENLARGED PROSTATE.\*

By ALBERT VANDER VEER, M.D., ALBANY, N. Y.,

PROFESSOR OF SURGERY, ALBANY MEDICAL COLLEGE.

Regarding idiopathic enlargement of the prostate gland, little more is known at the present time in reference to its pathology than the profession were aware of many years ago. As is well known, it rarely occurs under fifty years of age. Venous congestion, an inactive life, excessive use of the organ, are not satisfactory explanations. Masturbation, stricture of the urethra, repeated attacks of gonorrhœa and hemorrhoids (the latter excessively painful and combined with a constipated condition of the bowels), fissure of the anus, ulcers of the rectum, can undoubtedly be considered causes; and especially are stricture of the urethra and masturbation the causes when the enlargement is met with at from thirty to fifty years of age. It is remarkable to notice the very great variation in size in the different cases after the age of fifty-five. When we consider the number of men who live beyond the age of sixty, the number of cases of enlargement of the prostate, requiring treatment, is certainly not very great. No limit can be placed regarding the size to which it is possible for the gland to become enlarged. What has been formerly described by some anatomists as the third lobe, and described by others as the isthmus, is found to be really a pathological formation, and is now more correctly styled median centric hypertrophy, which consists of the triangular part of the prostate lying between the ejaculatory ducts and the overgrowth, and is believed to be due to the want of capsule here.

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\* Read before the Medical Society of the County of Albany, November, 14, 1888.

As is well known, the enlargement may be with one or both of the lateral lobes. One may be enlarged to four times the size of its opposite, or they may be both enlarged alike, unequal enlargement, perhaps, causing a greater degree of disturbance. It is unusual for the prostate to enlarge in the upper part alone. The most dangerous of all forms of enlargement is the median centric, which forms, as it were, the ball and socket valve at the neck of the bladder, and here an enlargement not greater than a filbert, or even smaller than this, may cause serious disturbance.

One of the most remarkable pathological changes that results from prostatic enlargement is the formation of the muscular bar formed by hypertrophy of bladder tissue just behind the prostate, and this causes a great deal of disturbance in the function of the bladder. The fold of mucous membrane that sometimes extends from one lateral lobe to its opposite often causes the greatest amount of difficulty in the introduction of instruments. This fold of mucous membrane is imbedded, and is the same condition presented in what is called the columnar form of bladder, in which the bladder is crossed in many ways by the columns of hypertrophied tissue of the mucous membrane. This, however, is but a small portion of the harm that results from the enlargement. Serious lesions take place elsewhere, especially if the enlargement be of such a nature as to obstruct the free outflow of urine.

Elongation of the urethra occurs as the enlargement progresses, and retention of urine with a permanent retention of what has been termed residual urine, and which develops a reservoir in the bladder to which I have applied the term inferior fundus. As is well known, this residual urine becomes changed—becomes ammoniacal, offensive, and develops a condition of acute or chronic cystitis, symptoms of which are familiar to us all. Then, as the bladder becomes distended, there occur ureteritis, pyelitis and hydronephrosis. From the efforts of straining, in the urgent desire to empty the bladder, rupture of that organ has occurred, as well as rupture of the heart, producing death. The residual urine, owing to the amount of carbonate of ammonia that is present, irritates the mucous membrane of the bladder, fermentation takes place and the natural normal acid urine becomes alkaline and, in time, irritates the mucous membrane of the entire bladder. In such a condition, stone is liable to form. The irritation increases, and marked polyuria may be present, sometimes attended by a trace of sugar, and yet the specific gravity may be as low as 1005. As the kidneys

sympathize in the irritation extended to them, albumin is observed, even after the pus and blood have been filtered from the urine, and an occasional cast may be discovered. Swelled testicle sometimes occurs in the inflammatory condition of the neck of the bladder, and the pressure of the enlarged prostate brings on prolapsus of the rectum, with all the distressing symptoms connected therewith. Catarrh of the bladder is finally established, and the urine gives an ammoniacal odor, combined with a fetid, sickening smell.

When once a vesical calculus has commenced to form over the detritus which deposits in the inferior fundus, then a secondary deposit around this nucleus may rapidly form from the ropy mucœ-pus, stringy-like in character, with clots and clouds of pus, as well as crystals of triple and amorphous phosphates, and the formation of stone may increase rapidly. When all or part of these morbid conditions are present, the continual suffering of the patient is very great.

These cases often occur among a class of men who are exceedingly sensitive; they are often reluctant to let it be known that they have any trouble with their urinary organs. They complain some of being broken of their rest at night, of frequent desire to urinate, but will bear their distress and sufferings during the day with great patience and fortitude, and it is not until they have complete retention of urine that they will consult a physician, and then in their nervous and alarmed state they come to us from all the walks of life. They often present at a time when life is very dear to their loved ones, and the sympathy in behalf of such a patient in the household is seldom equaled by any of the other surgical lesions we are called to meet.

At the last meeting of the American Surgical Association, held in Washington, September, 1888, in a discussion upon this subject, Mr. Reginald Harrison, F.R.C.S., presented his views in a very clear and forcible manner. His remarks appeared in full in the last volume of the association. He reiterated that "in a contracted bladder, long subjected to spasm and irritation by the presence of foreign bodies or ichorous discharges, it seemed that the division of this muscular band must be followed by the same relief that is experienced in fissure of the anus after rupture of the sphincter ani."

At the same meeting Dr. Hunter McGuire presented a most excellent paper on "The Formation of an Artificial Urethra in Prostatic Obstruction," and an extract of his paper I desire to present to you to-night.

"The night before the operation is to be performed a purgative should be given, and if this does not act well, the next morning an enema employed to thoroughly empty the lower bowel. The parts about the pubes should also be shaved and well scrubbed with soap and water. Early in the morning of the day of operation a pill of five grains of quinine should be taken and repeated every two hours until 15 to 20 grains have been administered and slight cinchonism produced. After the anæsthetic has been given and the patient placed upon the table, the parts should again be washed with green soap and hot water, a stiff brush being employed to make the cleansing thorough. Afterward the parts should be bathed with a solution of bichloride of mercury 1-2000.

"The only instruments likely to be required are a scalpel, tenaculum and pair of small forceps. These should be placed in a tray containing carbolic acid and hot water 1-40.

"The next step is to clean the bladder by washing it out with a weak solution of carbolic acid and hot water. A single soft gum catheter (a double canula catheter would be better) is introduced and the bladder washed until the fluid returns free from all sediment. In this way the wound about to be made is kept from coming in contact with the fetid alkaline urine, mucus and pus which the bladder often contains. Before removing the catheter let all the fluid escape. An empty gum bag which holds about twelve ounces of water should now be well oiled, folded upon itself, and introduced into the rectum above the internal sphincter muscle. A skillful assistant should perform this office and save the operator loss of time in cleansing and disinfecting his fingers.

"After the bag has been introduced, inject into it about twelve ounces of warm water. This should be done slowly and gently and the use of much force avoided. The bag, when filled, pushes the bladder out of the pelvis and above the brim of the pubes. If properly done, it lessens the danger and difficulty of the operation. The next step is to fill the bladder with a weak solution of carbolic acid and hot water; probably it will hold six or eight ounces. The use of force should be even more carefully avoided here than in filling the rectal bag. If the capacity of the viscus has been diminished by disease, any attempt to enlarge it by forcible dilatation is unjustifiable. As soon as the bladder is seen or felt above the pubes the injection should cease. In some experiments made upon subjects with contracted bladders, I found, when the rectal bag was well filled, that the bladder became prominent above the pubes when only two or three

ounces of fluid were used. A catheter may be employed to inject the bladder, but I prefer simply to introduce the small nozzle of a Davidson syringe into the urethra, say  $1\frac{1}{2}$  inches, bend the penis slightly back toward the anterior abdominal wall, making thus a single gentle curve of the urethra, and send the water through this curve from the syringe into the bladder. As soon as any resistance is felt the injection should be stopped, or as soon as the bladder can be seen or felt like a round ball above the pelvic brim the injection should cease, even if there is little or no resistance. The penis should now be tied near its base with a piece of rubber tubing or with the gum catheter, to prevent the escape of water, or an assistant may grasp the organ and hold it down between the patient's thighs, out of the way of the operator.

"Beginning now with the knife, three or four inches above the upper border of the symphysis pubis, varying the length according to the amount of fat and thickness of the abdominal wall, a vertical incision should be made down to the pubic bone. This cut should pass through the skin, fat and cellular tissue down to the linea alba. The linea alba should now be divided, the incision through this structure being from  $\frac{1}{2}$  to  $\frac{3}{4}$  of an inch shorter than the one through the skin, but it should be carried down to the pubic bone and the shortening be made at the expense of the upper end of the wound. Now, with the handle of the knife separate the recti muscles and any other tissues until the fascia transversalis is reached. There is no necessity for dividing any portion of the attachment of the recti muscles to the pubic bone. Make the dissection vertical, and carefully keep in the median line. The transversalis fascia should now be caught with the forceps, nicked and divided with the point of the knife; if the operator prefers, he can divide this fascia with a grooved director. The cut through this structure should not be over two inches long, but division should be made down to the pubic bone. Again with the handle of the knife divide the fat and cellular tissue under the fascia transversalis, lying between it and the wall of the bladder. Be careful not to disturb this cellular structure any further than is absolutely necessary. Careless or rough manipulation here may lead afterward to urinary infiltration. The loose connective tissue just behind the pubes should especially be left undisturbed. In this space between the transversalis fascia and the bladder, sometimes, but not always, may be seen large and engorged veins. They, of course, should be avoided if present, but, if cut, will cease to bleed when the bladder is emptied and the rectal bag removed.



When the bladder is exposed, the tenaculum is passed through its walls, the viscus pulled a little forward and opened with the scalpel. The water will be seen to escape by the side of the tenaculum and knife. In these old cases of prostatic enlargement the bladder walls are thick and tough and can not be stretched with the finger, as can be the bladder of younger subjects upon whom the high operation for stone is made. So, when the knife has entered the bladder, as it is withdrawn, cut in the median line an opening large enough to admit the index finger of the left hand. Let the finger follow the knife quickly, so that it may enter the bladder and thoroughly explore it before all the water has escaped, and do not withdraw the tenaculum until the finger is fairly in the bladder. Make the opening in the wall of the bladder as low down as can safely be done. Let it be opposite the upper border of the pubes and not higher. Sutures of silk may now be used to lessen the size of the opening in the skin and superficial fascia. The stitches should go down to, but not include, any portion of the recti muscles. The opening in the skin should be as large as, but not opposite to, the opening made in the bladder. The opening in the skin should be near the upper end of the incision. As the opening in the bladder is as low down as can be safely made, the fistula which we are endeavoring to establish will thus be  $2\frac{1}{2}$  to  $3\frac{1}{2}$  inches long. One stitch at the upper and two at the lower part of the wound will accomplish this. The operator should now introduce a No. 10 or 12 soft gum catheter into the bladder through the abdominal wound, and let the distal end drop into a cup placed at the side of the patient.

"If the catheter gives rise to vesical tenesmus, or is the source of any annoyance to the patient, it may at once be removed; otherwise it will be better to let it remain some hours, for the sake of cleanliness, and to give the wound time to glaze. The wound is now simply covered with absorbent cotton, which should be changed as often as it becomes soiled. The patient can lie in any position he prefers, or change his position as often as he desires. The drainage of the bladder is complete with or without the tube, no matter what the position. In the high operations for stone which I have done, and in the operations for relief of enlarged prostate, the loss of blood has not exceeded two drachms. The shock of injury has been trifling or none at all. In none of my cases have I encountered the peritoneum.

"During the after-treatment I keep the wound constantly covered with cotton-wool, and endeavor to keep the urine acid. It is tested by the nurse with litmus paper several times a day, and if it has any tendency to become alkaline, some acid drink—citric acid in the form of lemonade is preferred—is given. As long as the urine is acid the wound is healthy and healing, for acid urine is aseptic. Indeed, this is the only way that I have ever been able to treat the wound of epicystotomy antiseptically.

"One of the most important things to do in preparing the patient for operation is to make the urine acid. It is well to remember, in endeavoring to do this, that the urine may be acid when it comes from the kidneys into the bladder, and by decomposition soon become alkaline there. This can readily be determined with the catheter. It is sufficient for our purposes if the urine from the kidneys is acid."

In cases of cystitis due to obstruction from enlarged prostate, and when the inferior fundus becomes well developed, retaining from half an ounce to two ounces of urine, the urine becomes highly offensive, and it is absolutely necessary that washing out of the bladder be resorted to once or twice in twenty-four hours. As to the kind of catheter to be made use of, I think we have a most excellent one in the silk-web or velvet eyed rubber catheter. The former will last much longer, and the latter must be watched with care to avoid the danger of its breaking and being retained. The silver catheter at times becomes indispensable, and this may be said of the English elastic. The latter can be given the Mercier curve, having first been dipped in hot water and then held for a moment or two in cold, and it will retain its shape long enough to be introduced.

I am sure Dr. McGuire has given us a paper with which we all agree fully, and I intend to put his suggestions into use among my first operations, and I will report later to the society the results.

### DISCUSSION.

[REPORTED BY W. O. STILLMAN, M.D., SECRETARY.]

Dr. R. H. SABIN mentioned several cases in which great difficulty was experienced in passing the catheter, and where a large-sized metal catheter was used successfully after others failed.

Dr. S. H. FREEMAN inquired whether Dr. Vander Veer intended to convey the impression that all cases of enlarged prostate were peculiarly liable to have stone.

Dr. VANDER VEER said that it should be borne in mind that stone is liable to occur in such cases, and was present often when not suspected.

Dr. JOHN H. SKILLICORN recommended a knee-elbow position during urina-

tion, in case of enlarged prostate, where a posterior inferior cul-de-sac is developed. He claims for this position—

1. That the bladder is more completely emptied.
2. That secondary cystitis is prevented or relieved.
3. That collections of sediment in pocket is prevented and the danger of the formation of a vesical calculus relieved.
4. That the residual urine is less offensive and irritating.
5. That often in cases of stoppage this position will relieve congestion so that urination can take place.
6. That it is particularly valuable in cases where washing out is impractical or made impossible by the indifference or timidity of the patient.

Dr. S. B. WARD said that the acute condition of congestion of the prostatic and urethral mucous membrane, which often caused difficulty in urinating, was likely to cease in a short time after the use of the catheter. The use of a large-sized stiff metal catheter is safer in expert hands and more likely to be successful.

Dr. W. O. STILLMAN spoke of the non-surgical relief which may be obtained in many cases by the use of ergot internally or as rectal suppositories. Congestion is relieved and many acute attacks are controlled.

Dr. FREEMAN mentioned several interesting cases, and, in alluding to mistakes sometimes made in diagnosis, related a case which had come under his own observation. Not long since he was called to visit a gentleman of advanced years, on whose cornea was the well-marked arcus senilis. He was a stranger on his way to Saratoga for his health. He had previously consulted one of our most eminent physicians, who had prescribed spiritus ætheris nitrosi. When the use of the catheter was proposed, he objected because he was already urinating too frequently, but he was finally persuaded, and immediately relieved of three pints of turbid urine. In the treatment of enlarged prostate he believed little could be done by medical means except to improve the patient's condition and allay prostatic congestion and the local irritation by correcting the morbid condition of the urine. He approved of the large prostatic silver catheter with a long curve as most easily introduced and most satisfactory to the patient.

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## ABSTRACTA.

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**MORPHINE IN BRIGHT'S DISEASE.**—One is startled now and then by a challenge being thrown down to rules of practice which have grown to be considered almost as fundamental principles of the science and art of medicine. One such rule has been that the administration of opium and its alkaloids in Bright's disease was always to be condemned as likely to bring about the very catastrophe which the treatment might be intended to avert. The belief gained its ground on the strength of reasons which had every appearance of science and logic, and consequently during their declining hours the miserable sufferers from renal disease have been left to themselves, since the only remedy which could lull their pangs was formally contraindicated. It can

hardly be doubted, indeed, that the earlier observers based their conclusions on clinical experience, and as one gradually came to understand the correlation of a certain group of symptoms with renal disease, and grasped the fact that the elimination of drugs introduced into the system was more or less put a stop to when atrophy or congestion of the kidneys interfered with the proper discharge of their function, the matter appeared to be perfectly plain. For the same reasons certain other drugs which would otherwise prove very useful, such as mercury, were also held to be contraindicated. These observations have been reinforced by more recent investigations into cases of intolerance to the action of certain drugs, notably of the salicylates, and the result has been to show clearly that the exaggerated effects are due in the majority of instances to the retention of the substance in the system owing to the want of functional activity on the part of the kidneys from some cause or another. Some observations which have recently been made public by Dr. Stephen Mackenzie show that however true it may be that in certain cases of renal disease opium and its alkaloid, morphine, do not give rise to disquieting symptoms, the fact does not hold good in all cases. He brought forward several cases of typical Bright's disease with ascites and general anasarca, in which, after all the usual remedies had been tried without affording the desired relief, morphine was given with the most satisfactory result, so far as the cessation of suffering was concerned. He refrained, it is true, from advocating the use of the drug in all such cases, but he made good his claim to have shown that at any rate there are exceptions to the rule. It was suggested that the difference in the effects observed might depend upon the relative gravity of the kidney lesions, but that fact alone does not afford an adequate explanation, seeing that it has proved just as useful in cases of short duration as in confirmed cases. Uræmia is a form of auto-intoxication, and the treatment has to fulfil, as far as may be possible, three indications, viz., the elimination of the poisons then present, the prevention of the formation of others, and finally, the neutralization of the effects of the poison already in the blood. One effect of the poison is to provoke a severe spasm of the arterioles, giving rise to intense dyspnœa, headache and convulsions. He suggested, therefore, that morphine acts beneficially by relaxing the spasm of the vessels. This, of course, is only a hypothesis, and confirmatory evidence will not be very easy to produce. For the present we must rest content with the knowledge that in certain cases the drug may be given with advantage, and that knowledge will perhaps induce practitioners to scrutinize more closely than they have hitherto done, the ill effects alleged to follow the ingestion of morphine in these cases. The condition of the patient who has reached the later stages of the disease is so distressing and, and so hopeless, that medical men will be only too pleased to have permission to make use of a remedy which may,

to some extent, afford relief. For the present, however, it must not be lost sight of that the remedy is not one to be employed without a due sense of the possible risks involved.—*Medical Press and Circular*.

**EMBRYO FLOUR** (*Revue Scientifique*), prepared from wheat germs, is useful in the dietetic treatment of maladies dependent upon nutritive and digestive deficiency, and more particularly in the treatment of diabetes. It has been found necessary to separate the germ from the wheat in the preparation of flour, first, because it contains 12 per cent. of fixed oil which turns rancid and gives a disagreeable taste to the bread; and, secondly, because in germinating it is transformed into malt and gives a bitter taste to products containing it. Analyses show its composition to be, per 100 parts—water 11.5, oil 12.5, cellulose 9.6, ternary substances 22, albuminoids 39, and mineral salts 5.3. By eliminating the water and the oil, a product is obtained which contains from 40 to 60 per cent. of albuminoids in combination with a bitter principle. Great difficulty was experienced in getting rid of the oil, but this has now been overcome, and we have a substance which is richer in nitrogenous matter than any known aliment, and free from starch. The same process is applicable to all cereals, though the proportion of nitrogen varies according to the source. With the powder thus obtained, bread, biscuits, etc., can be manufactured without any admixture of ordinary flour.—*Medical Press and Circular*.

**CLINICAL EXPERIMENTS WITH ETHER.**—Fritz Feuter (*Deutsche Zeitschrift f. Chirurgie*) in an elaborate article upon ether anæsthetization, reviews the literature of the subject, and records his own experience in a large number of cases. He has always employed a large face mask, around the edges of which a folded towel is laid to prevent evaporation of the drug. The following four points were separately dealt with as being of most importance: (1) the time from the beginning of anæsthetization until anæsthesia is produced; (2) the quantity of ether necessary for this; (3) the total quantity of ether used; and (4) the duration of the anæsthesia. His method of administration is as follows: From a graduated bottle about fifty centimetres are poured upon the mask for an adult; for children half this quantity is sufficient. The mask is then slowly brought down to the face, so that the patient gradually becomes accustomed to the fumes; this does away with that painful choking which always occurs if the mask is abruptly placed upon the face. So soon as the mask is well upon the face, a folded towel is placed around it, and the mask is not removed again until there is complete relaxation of the extremities. In this way the patient is continually inhaling ether fumes, for even his exhalations are partly reinhaled, and assist in producing anæsthesia. With these precautions carefully adhered

to, the author has invariably found that complete anæsthesia could be induced within two minutes. More than this, the amount of ether subsequently required to maintain unconsciousness is remarkably small. Often in operations of over a half hour's duration, and even longer, no addition of ether is necessary. In his opinion the two most important points upon which the success of etherization depends are the concentration of the fumes and the non-removal of the mask. The nausea following etherization he believes to be due to the swallowing of saliva which is filled with ether, the secretion being greatly increased by the drug; naturally, therefore, the less ether used the greater probability that nausea will not be produced; and, indeed, his experiments seem to justify this conclusion, for in 150 cases vomiting only occurred in 10, and in two of these the patients had taken a meal immediately before the operation. In quoting the statistics of the Geneva clinics, he states that out of 553 cases, vomiting occurred in 148. Feuter continues by giving a list of personal observations which differ but slightly from those of other practitioners. One fact, however, deserves special notice, viz., he has observed in several cases that when the patient has taken a moderate quantity of alcohol just previous to the operation the anæsthetization is greatly accelerated; indeed, in one instance, hardly a minute passed before the patient was in a complete stupor.

In the second part of his article, which Feuter designates the "experimental part," some cases are cited in which serious results have followed the use of the drug. Emmet was the first who pointed to the danger of etherizing patients affected with nephritic troubles. He claims that it is absolutely necessary to examine carefully the urine of such patients before operating, and holds that the presence of albumin is a positive contra-indication for the use of ether, and direct indication for the use of chloroform. Other authorities are of the same opinion. In direct contradiction of the above statements, Feuter declares that he has frequently etherized cases of albuminuria without these symptoms resulting. Of extreme interest was the case of a child of five months which was operated upon for a cavernous angioma of the left arm and the right side of the thorax. It was not noticed upon admission that the child was suffering from acute albuminuria. The cauterization necessitated anæsthetization, and this was done with ether. Three days before the operation large quantities of albumin had been traced in the urine, but neither immediately after the operation, nor until three days later, could the slightest trace be found. Another similar case is quoted. Feuter then records six experiments upon dogs, which he made at the Pharmaceutical Institute of Berne, with the following result: A general decrease of temperature was always observable at the rate of about one degree centigrade an hour. After death the whole abdominal and thoracic cavities were per-

vaded by a strong smell of ether. The heart was found in diastole. Neither macroscopically nor microscopically did the kidneys show any change. Albumin was never found in the urine. This, he thinks, goes to prove that the kidneys are not affected by etherization. Death never occurred except when intentionally caused by excluding all air from the animal. Accompanying the article are complete tables which clearly elucidate both the experiments and conclusions of the author.—*American Journal of the Medical Sciences*.

ELECTRIC ILLUMINATION OF CAVITIES.—The urethroscope and the cystoscope have now attained a position in medical science beyond that of mere playthings. Their costliness and the dexterity required for their effectual employment place them in the category of *instruments de luxe*, but Mr Hurry Fenwick has shown that the cystoscope is capable of rendering services of no small value in the sense that by its aid it is possible to report on the condition of the interior of the bladder, and thus obviate the necessity for exploratory operations. The exploration of the female bladder offers no great mechanical difficulty, but it is otherwise when the examination has to be conducted through a long and tortuous male urethra. Moreover, in unskilled hands, it is easy to inflict more or less severe burns on the tissues which are allowed to remain in contact with the source of light. It looks as if we were assisting at the evolution of yet one more specialty, that of the "cystoscopist."—*Medical Press and Circular*.

GLYCERIN IN CONSTIPATION.—In a recent number of the *Hospital Gazette* Dr. James D. Staple says that he has given glycerin injections more than a hundred times, the quantity injected being one drachm for children and two drachms for adults. As a rule the bowels acted within fifteen minutes, but in some cases half an hour elapsed, and in two cases the injections had to be repeated. The absence of pain and the ease with which the enemata may be given, the rapidity of their action, and the absence of any griping, give glycerin enemata a distinct advantage over aperient medicines administered by the mouth. Glycerin acts equally well, though not so rapidly when given by the mouth, in teaspoonful doses, about every half hour. The effects are particularly good in cases in which the colon is impacted with hardened feces, the glycerin lubricating the masses so that they are evacuated without pain. Equal quantities of glycerin and castor oil, in teaspoonful doses, also act well.—*Chicago Medical Journal and Examiner*.

TO LIQUEFY CARBOLIC ACID, fill the space at the neck of the bottle (new) with alcohol and then invert the spirit, which will work upward and dissolve the acid. In microscopical work, or indeed in any other kind, the spirit will do no harm, as it will soon evaporate.—*Latham, in Western Dental Journal*.

**PILOCARPINE IN ECLAMPSIA.**—Pilocarpine may be said to be on trial as a remedy in the dreaded convulsions of puerperal eclampsia, and it is important to note the results which are from time to time reported as following its use. On the whole, the reports are decidedly favorable, and a case recently published in a French contemporary shows clearly enough that in certain cases the drug may be relied upon to conjure the attack. In this particular case the attack had come on during labor, and was not relieved on the evacuation of the contents of the uterus; indeed, the condition of the patient on the following day was simply desperate. The injection of a third of a grain of pilocarpine at this critical moment is reported to have produced a most remarkable effect. After an abundant diaphoresis lasting over half an hour, the pulse returned in the radial arteries and the surface temperature was restored. No further convulsions occurred, and in the course of a day or two, the injections continued night and morning, albumin disappeared from the urine, the patient becoming convalescent. The effects were too clear and too prompt for the results to be attributed to any other influence, and the remedy is one which should always form part of the armamentarium of the obstetric physician.—*Medical Press and Circular*.

**THE INTERMITTENCE OF SENSATION.**—An interesting article appeared in a recent number of the *Revue Scientifique*, so ably edited by M. Richet, on the curious phenomena of the intermittence of sensations. It is, perhaps, hardly recognized that no sensation is in reality constant, presenting a continuity of intensity, but is subject to variations from above downwards as the result of fatigue. In listening to the ticking of a clock or watch, while engaged in writing or reading, an undulation will be perceived in the acuity of perception, recurring rhythmically. Three or four beats appear about the same strength, and these alternate with a cycle of lessening intensity. A further test consists in withdrawing a watch slowly from the ear. A point is soon reached at which the ticking is only audible by spasms, as it were, separated by periods of non-audition. It has been suggested that the careful measurement of this variety of fatigue would enable the degree of mental fatigue to be accurately gauged. The same phenomenon presents itself as regards vision, though it requires great delicacy of perception to be noticed. The practical lesson to be deduced from the preceding is that the best method of estimating sensorial fluctuations is to reduce the sensation to its minimum, so that the further diminution causes perception to cease. This subjective error is one which should not be lost sight of in reasoning on the data obtained through the medium of our sensations.—*Medical Press and Circular*.

**PASTEUR** has been created a Baron, with the order of the Iron Crown, by the Emperor of Austria, for distinguished services.



**WHAT MEDICINES MAY BE GIVEN TO NURSING MOTHERS.**—Fehling has opened an important field of inquiry by a series of experiments to determine what drugs may be safely given to nursing mothers. He found that salicylate of sodium was dangerous to the infant when given to the nurse in doses as large as forty-five grains daily. Iodide of potassium may be given in doses of three grains daily. Iodoform enters the system of the infant more readily through the nurse than when given to the child. Even when the wounds of the mother were dressed with iodoform, iodine was found in the child's urine. He found that mercurial salts given to the mother affect the child very slightly, if at all, and that 25 drops of tincture of opium (German. Pharmac.) and 1-10 grain to 3-10 of morphine could be safely given to the mother. Chloral may be given in doses of 23 grains to 45 grains. Atropine affects the child very quickly, even in small doses. He denies that salads and acids have an injurious effect on the child.—*Medical Press and Circular*.

**NEW REMEDIES.**—*Antipyrin* still holds its own as a remedy for all kinds of headaches, but as an antipyretic it is used to a much less extent than formerly. Most of our prominent men have discarded it in typhoid fever, and it certainly is not taking the place of opium in the relief of pain, nor supplanting the salicylates in rheumatism. The hypnotic, *sulfonal*, is being employed considerably, and with very good results in some cases. True, its use is limited, but as a safe remedy in the majority of cases of sleeplessness from worry or general nervousness, it appears to be just what is required. Although so much has lately been said against *iodoform* as an antiseptic, still a great many good surgeons here seem to like it, and in many of the large hospitals the yellow gauze and the powder blower are in daily use. The *subiodide of bismuth* and a few other substitutes have met with more or less approval, which some of them certainly deserve. Some of the hospitals are now making extensive use of *creolin* as an antiseptic, in one and two per cent. solutions, or even stronger. Dr. L. A. Stimson says it seldom irritates the skin, and that it is a good antiseptic, and will arrest parenchymatous hemorrhage and hasten cicatrization. It is also a good deodorizer, and is highly recommended for cancerous surfaces which emit a disagreeable odor. At the same time the standard solutions of the *bichloride of mercury* are still used almost as much as ever.—*Atlanta Med. and Surg. Journal*.

**POTATOES AS A SUBSTITUTE FOR LAPAROTOMY.**—At a meeting of the Imperial Society of Physicians in Vienna, Dr. Salzer reported a communication from Dr. Cameron, of Glasgow, upon the "potato cure" first recommended by the Scotch observer. Dr. Cameron has used this plan of treatment in several cases of ingestion of large foreign bodies with gratifying success. Salzer

has also had an opportunity to try the potato cure in case of a boy who had swallowed a brass weight of twenty grammes. Potatoes were fed to the child, cooked in a variety of manners, so as to encourage his appetite. He took them willingly. After five days the brass weight was compelled to retreat, overwhelmed by the constant accession of reinforcements from above, and passed out, leaving the potatoes in possession of the field. In the same manner he treated the ingestion of a set of artificial teeth, while in another case a scarf pin proved no match for its farinaceous antagonist. Dr. Salzer believes that this form of treatment will subserve a useful purpose in many cases in which, up to now, gastrotomy appeared to be the only form of relief available. He also advised the members to place no trust in sauer kraut, which had been recommended for the same purpose. Dr. Hochenegg related the case of a boy who had swallowed a nail six ctm. long in 1884, and had been treated by gastrotomy. He had swallowed a similar nail two years later, when the potato cure had proved successful. Dr. Billroth spoke of the difficulty which exists in the removal of foreign bodies by laparotomy, and was strongly in favor of the potato cure.—*International Journal of Surgery*.

**HEGAR'S SIGN OF PREGNANCY.**—The most conclusive signs of pregnancy in the first three months are to be found in the changes which take place in the size, shape and consistence of the body of the uterus. These changes are the natural result of the lodgment and growth of the globular ovum in the uterine cavity. The body of the uterus bulges out as the ovum develops, its lateral borders become rounded, and there is a distinctly marked bellying of the anterior wall. After from four to six weeks' development this segment of the uterus presents in a very perceptible degree the characteristic elasticity of the fluid cyst which it contains. To the well-trained touch the bellying of the lower segment of the uterus, especially its anterior wall, and its fluid elasticity, are sufficient for the diagnosis of pregnancy in a large number of cases from the fourth to sixth week. These signs are obtained by the "bimanual," as practiced in ordinary gynecological operations. To the signs above mentioned Hegar has added another. This consists in the marked softening of that portion of the corpus uteri immediately above the cervix, especially as obtained by Hegar's method. His method of examination is as follows: A preliminary distention of the rectum with water may be necessary to facilitate manipulation. Chloroform may be used if required. Depressing the uterus with one hand over the abdomen, pass the index finger of the other hand into the rectum, up through the third sphincter, and press the finger tip against the posterior wall of the uterus immediately above the utero-sacral ligaments. Pass the thumb of the same hand into the vagina and bring it in contact with the anterior wall of the uterus just above

the cervix. The intervening tissues may, in most cases, during the last half of the second month, be compressed by the grip of the thumb and finger almost to the thinness of a visiting card. This compressibility of the lower uterine segment thus obtained is Hegar's sign. It has been confounded by writers with the before-mentioned changes in the uterus, from which, as a sign of pregnancy, it is entirely separate and distinct.—*Brooklyn Medical Journal*.

**PORRO'S OPERATION.**—There was a short discussion on Porro's operation at the Obstetrical Society of London on February 6th. Dr. Galabin narrated a case on which he had operated in Guy's Hospital, saving mother and child. He had chosen to perform Porro's rather than Säger's operation, because the woman had been in labor forty-eight hours before she was admitted into the hospital and because the uterus had probably been bruised during unsuccessful attempts to apply the long forceps. He, however, thought that Säger's was probably the better operation, even when labor had been protracted, and expressed the opinion that as yet neither Säger's nor Porro's operation should be recommended to the family practitioner as an alternative to craniotomy when the pelvis exceeded two inches and a half in conjugate diameter, unless there were marked converse contraction as well. When the pelvis was narrower, Porro's operation was preferable for the practitioner to Säger's. India-rubber tubing and a knitting needle would serve in the absence of a *serre-nœud* with the special pins, as Hegar, Kaltenbach and Tait had already shown. Dr. Mathews Duncan objected to the treatment being varied according to the grade of the practitioner; at present craniotomy was better than Cæsarean section, because it was the safer. But a still further reduction of the mortality after that operation would probably be attained, thanks to the exertions of Säger and Leopold and the perfection of Porro's procedure; then craniotomy might be entirely banished. He objected to the patient's wishes being considered an element in coming to a decision. The surgeon must decide what operation should be done. The patient might adopt or refuse the advice, but could not give or modify it. Dr. Galabin, in his reply, took the more reasonable view that the wishes of the parents should be allowed due weight, and also urged that circumstances in regard to operator and to place made a great practical difference in respect to serious operations. Experts in a difficult operation generally performed it in a well-appointed hospital; the practitioner, called to perform that operation, was never so favorably placed. He had often to operate in a small and perhaps insanitary house, with perhaps no skilled assistants.—*Philadelphia Medical Times*.

**EXACT SCIENCE.**—A little girl, the daughter of a physician, was asked by a gentleman if her father practiced medicine much now. "Oh! no, sir," she responded; "father doesn't *have* to practice medicine—he *knows how*!"

**SINGULTUS RELIEVED BY STRETCHING THE SPHINCTER ANI.**—A lady aged 60, during second stage of pneumonia, was attacked with severe singultus, which continued without interruption for forty-eight hours, resisting all treatment. The patient being in a state of exhaustion and apparently in impending death, the physician introduced both index fingers into the rectum and stretched the sphincter ani, with instant cessation of the singultus. After twelve hours the hiccough returned, and for six hours again resisted medical treatment. Stretching of the sphincter was again resorted to; the muscle was felt to yield, and immediately the hiccough ceased and never returned. The patient made a perfect recovery from the pneumonia.—*Dr. George E. Gorham, Albany, N. Y.*

**HOMŒOPATHY.**—A New York judge has given his opinion that a person who practices medicine under the title of a homœopathist, has no right to use any thing but the homœopathic system upon his patients. In other words, his object is not simply to cure his cases, but to cure them if they can be cured by homœopathy.

One of their journals contains an item stating that a cancer patient who had been given up as hopeless by Dr. Agnew was recovering under homœopathy. We recollect another patient who had been under the latter system, but it failed to cure her, and two weeks before her death she sent for a physician. He gave her a dose of morphine. Her comment was characteristic. She said: "I never knew it was in the power of medicine to give such blessed relief." That was the verdict of thirty years experience under homœopathy.—*Times and Register.*

**IGNI-PUNCTURE FOR INTERNAL HEMORRHOIDS.**—(A. R. Smart, M.D., *Toledo Med. and Surg. Reporter*). After forcibly dilating the sphincters, the base of each tumor is perforated one or more times by a wire of the size of a knitting needle, heated to a dull red. The patient is put to bed for from five to seven days after the operation, and on the second the bowels are opened with a gentle enema. In four or five weeks hardly a trace of the tumors will be found; no loss of tissue and subsequent contraction; only small indurations, which will subsequently disappear.

**ANTHRAROBIN**, a new drug, is gaining friends as an application in cases of psoriasis, when chrysorobin and pyrogallie acid are indicated, acting well upon the diseased spots without the irritation of the adjacent skin of the former, or the diffuse staining and production of scales or folliculitis upon the adjacent skin in the use of the latter. It is generally used in ten per cent. strength.—*Atlanta Med. and Surg. Journal.*

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## MEDICAL LEGISLATION.

The general vaccination bill failed to become a law, as did also the Bacheller pauper insane, bill and the so-called medical examiners bill, and some others of less importance.

Of bills interesting to the medical profession which were passed, the most important is the one entitled "An act to establish and organize the State Commission in Lunacy and define its duties. This bill directs the appointment of three commissioners in lunacy, for a term of six years; one to be a physician of at least ten years' practice, who has had experience in treatment of the insane, at a salary of five thousand dollars; one a lawyer of at least ten years' standing, at a salary of three thousand dollars; one a citizen of reputable character, who shall receive ten dollars a day for actual services and his traveling expenses; the two last members of the first appointed commission to serve respectively for but four and two years.

This commission is directed to hold quarterly meetings and additional meetings as required by the service.

They shall keep a record of all judges in the state empowered to make an order of commitment of the insane and of all medical examiners in lunacy, and it is made the duty of each of the latter to forward to the commission at their office at the Capitol, in Albany, a certified copy of his certificate of qualification. After one year it shall not be lawful for any medical examiner in lunacy to make a certificate of insanity unless his certificate has been forwarded and recorded.

The commission are required to make a registration of all insane in custody, together with other facts, such as sex, nativity, occupation, date of commitment, transfer, discharge or death, etc., with names of examining physicians and judge. The authorities of asylums are directed to furnish these facts within three days after admission of the patient. The commission are empowered to examine at all times the conditions of asylums and methods of management; all asylums are to be visited twice every year by the commission at such times day or night as they may choose, and every part of the institution is to be inspected, and every patient so far as possible seen apart from officers and attendants, the fitness of which latter is to be inquired into, and at the conclusion of the inspection the results, with recommendations, to be entered in a visiting book provided by the institution. The medical and legal commissioners are to visit each asylum each quarter of the year to examine all patients admitted during the preceding quarter, apart from attendants, and to further examine the institution as they deem important. The medical commissioner is to further visit each asylum yearly to see all the inmates alone their condition, that of the sick, the night service, the sanitary condition of the institution, and the like, to be inquired into.

The commission is to investigate evidence brought before it of improper care of the insane or wrongful deprivation of liberty, and it is authorized to compel the attendance of witnesses, to administer oaths, and to order the abatement of any evil found, neglect to obey which order may be enforced through the supreme court.

A list of nurses and attendants who are discharged for misconduct is to be kept by the commission.

Superintendents are to report November first of every year the number of inmates, admissions, discharges and deaths during the year. The commission also report yearly to the Governor fully upon it acts and the facts coming under its observation.

No asylums, other than those of the state or county, can be established without a license from the commission.

Applications from county superintendents for exemption from the provisions of the tenth section of the Willard Asylum bill are to be heard and acted upon by this commission.

The powers and duties of the State Commissioner in Lunacy are transferred to this commission, and that office is abolished.

This bill became a law, and the commission was at once appointed, Dr. Carlos F. McDonald being the medical commissioner.

Bills were passed further regulating the practice of dentistry and of veterinary medicine.

There is in the Governor's hands a bill regarding the preliminary examination of medical students. It needs amendment of certain radical defects before it becomes a law.

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THE TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK will be issued early in June. It is gotten up this year by Mr. William J. Dornan, of Philadelphia, one of the leading medical printers in the country, and in typography the volume is promised to be a vast improvement upon any yet issued. The papers read at the last meeting were of good quality also, and the book will probably attract attention and prove desirable to all members of the profession. Dr. Curtis, secretary, will give further information, and may be addressed at 17 Washington avenue, Albany.

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## MEDICAL NEWS.

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### AMERICAN SURGICAL ASSOCIATION.

The meeting of the American Surgical Association was held in Washington, May 14, 15 and 16, and was quite well attended by members from Oregon to Alabama—in fact from all sections of the country. Dr. David W. Cheever, from Boston, presided with the most quiet dignity, and the success of the meeting must have been to him a great pleasure. The following papers were read and ably and thoroughly discussed :

Sarcoma of Tonsils; Excision, with Specimen Removed; Prognosis; History of Case; Description of Operation, with Full Charts as to Feeding and as to Closing of the Pharynx; Exhibition of Photographs and of Tumor Removed. By Dr. DAVID W. CHEEVER, of Boston.  
Hernia : A Comparison of the Various Methods Adopted for its Radical Cure Inviting Discussion of their Respective Merits.

By Dr. C. H. MASTIN, of Mobile.  
The Surgical Treatment of Gangrenous Hernia.

By Dr. H. M. RICHARDSON, of Boston.  
The Early Diagnosis of Morbid Growths.

By Dr. J. COLLIN WARREN, of Boston.  
Free Division of the Capsule of the Kidney for the Relief of Nephralgia.

By Dr. L. McLANE TIFFANY, of Baltimore.

Digital Dilatation of the Pylorus; Diseases Requiring this Operation and their Diagnosis; Operative Details; Report of a Successful Case; Record of Cases. By Dr. J. M. BARTON, of Philadelphia.

Contribution to the History of Gunshot Wound of the Intestines. By Dr. THEO. A. MCGRAW, of Detroit.

Drainage and Drainage Tubes in their Application to the Treatment of Wounds. By Dr. STEPHEN H. WEEKS, of Portland.

A Successful Case of Nephrectomy for the Removal of Cancer of the Right Kidney. By Dr. JOHN HOMANS, of Boston.

Several new members were elected, and it was decided to hold the next meeting at Washington, May 2, 1890. This association is in a very flourishing condition. D. W. Yandell, of Louisville, was elected president for the ensuing year. Dr. C. H. Mastin, of Mobile, and F. S. Dennis, of New York, were elected vice-presidents; the other officers remain the same as last year. Dr. C. H. Mastin was elected member of the executive council of the next Congress of American Physicians and Surgeons, with Dr. A. Vander Veer as alternate.

#### RESOLUTIONS REGARDING THE COMPULSORY VACCINATION BILL.

At a meeting of the Medical Society of the County of Albany, March 27, 1889, the following resolutions were unanimously adopted :

*Resolved*, That the Medical Society of the County of Albany endorses Assembly Bill No. 474, entitled "An act regulating vaccination in the State of New York," and unanimously urges its passage by the legislature without delay.

*Resolved*, That it is the sense of this society that vaccination has been abundantly proven by our own personal observations as practicing physicians, by the repeated investigations that have been made by scientific commissions, and by the results of its compulsory enforcement by governmental enactment, to be a protection against small-pox, and that its possible ill results are too infrequent and too trifling, when it is properly performed, to be worthy of consideration.

*Resolved*, That opposition to this bill can, in our opinion, come only from the misguided, uninformed or ill-disposed.

*Resolved*, That a copy of these resolutions and the action of the society thereon be transmitted to the presiding officers of the Senate and Assembly and to the chairman of the committee on public health of each house.

Dr. F. C. Curtis, in offering these resolutions, said further :

#### CERTAINTIES REGARDING SMALL-POX.

*We know* that it is a dangerous disease.  $\left\{ \begin{array}{l} 30 \text{ to } 40 \text{ per cent. die unless the severity is modified by vaccination.} \end{array} \right.$

*We know* that its virus is long lived, very portable, far reaching and very difficult for the unvaccinated to escape.

*We know* that prior to this century it was the worst scourge in the world (causing 7 to 9 per cent. of all deaths, often decimating communities).



*We know* that it causes fewer deaths than any other zymotic disease of any importance.

In 375,000 deaths in four years in this state, there were 459 deaths from small-pox—about one per cent. This includes the great city of New York, where it is always liable to be imported, and also covers a period of unusual prevalence of the disease.

*We know* that no one recently vaccinated takes small-pox and that we go about it with impunity with this protection.

*We know* that the risk attending vaccination is so slight that we vaccinate ourselves repeatedly without a thought of ill consequences, and do the same to our patrons and friends.

### PREVENTION OF DIPHTHERIA.

The State Board of Health of New York has just issued the following circular :

Diphtheria is a preventable disease. Its existence depends on conditions that can generally be controlled. It may appear in any community, but it should not be allowed to develop beyond the first case or cases that make their appearance.

#### CONDITIONS ON WHICH IT DEPENDS.

Diphtheria probably always originates from a special poison which develops in the person sick with it. This special poison is given off in the breath, in the discharges from the mouth, throat and nose, and, in some degree, in those from the bowels and bladder.

The virus has the property of *adhering tenaciously to objects* on which it happens to alight. By reason of this, the sick-room, its floor, walls, furniture, and all its contents become infected with the disease, and continue to be so until the virus is destroyed by cleansing and fumigation.

*The disease may also be carried away* by any article coming in contact with the sick, and to which the virus clings, by the clothing, bedding, eating utensils, food, toys, and also by the person and clothing of those in attendance upon the patient.

Another important fact is that the *virus is very long lived*; articles and premises infected with it may communicate the disease for at least several weeks; it may be transported by them with great facility and to an indefinite distance.

A final important point is that *bad sanitary conditions favor the development and propagation of the diphtheritic virus*. It grows best in places that are damp and foul and ill-ventilated; in cellars moist by imperfect drainage and defiled by uncleanly accumulations in the soil adjacent; in damp, unventilated spaces under floors; in cess-pools, drains and sewers, or any place where there is dampness, filth and imperfect access of fresh air. In large cities the sewers furnish so favorable a place for the growth of this virus when it gets into them, and its vitality is so great under such surroundings, that their infection may become permanent; no similar conditions, however, need exist in small localities.

Diphtheria is contracted by inhalation of air containing the disease germs coming directly from the sick, or from articles infected by them. It is also communicated by articles passing from mouth to mouth, such as cups, spoons and toys. The articles by which it is communicated may have become infected weeks before,

and, possibly, at some locality quite remote. It is contracted by inhaling the air of sewers, cess-pools, cellars, or any damp, foul or ill-ventilated place in which the disease germs chance to have become planted. Children contract diphtheria much more readily than adults.

#### SUPPRESSION OF DIPHTHERIA.

Every locality is liable to have diphtheria brought into it. It will not continue long if the principal conditions on which its existence mainly depends are removed—if the sick are strictly excluded, the disease germs destroyed, and all unsanitary conditions which favor their continued development removed.

1. *Isolation.* Those sick with diphtheria should be isolated from every one except necessary attendants. This should be done with mild cases as well as severe ones. They should be placed in an upper, airy room, as remote as possible from other living and sleeping rooms. Needless furniture and other articles should be removed from the room. Allow the windows to be open, for the poison does not go far away in the atmosphere; give sunshine and fresh air constantly.

The attendants should remember that they can carry with them the poison of the disease, and they must keep entirely away from others, especially from children, who take diphtheria most readily. No article should leave the room without cleansing or disinfection. Utensils used by the sick should be well cleansed before use by others. Food left by them should be destroyed. Bed and body clothing should, before being taken from the room, be placed in disinfectant No. 2, boiling hot if possible. Cats and dogs should be excluded.

The discharges from the mouth and nose must be received on cloths that can be burned, or in cups that can be disinfected. Vessels for receiving the discharges from the mouth, nose, kidneys and bowels should contain some of disinfectant No. 1 or 3, and after use should be cleansed with boiling water.

The patient must not mingle with the well until all traces of the disease have left the throat and nose. Before leaving the sick-room the body should be thoroughly washed, and fresh, uninfected clothing should be put on, leaving everything else behind to be disinfected. Nurses must observe the same final precautions.

2. *General Precautions.* All should avoid sources of contagion. Well children had better be removed entirely from the house, but should be kept under observation, and if diphtheria develops, brought home again, so as not to establish a new center. Persons remaining in the house should not go to school, church or any general gathering, nor to any house where there are young persons. If the disease has secured a foothold in a locality, every case of sore throat should be regarded as suspicious and excluded from schools and from contact with other children. It would be well to make sure that milk is not taken from a dairy where the disease exists.

3. *Sanitary Precautions.* Houses should be kept clean, dry and well ventilated; particular attention should be given to the cellar. Drain pipes and fixtures should be perfect. The premises should be well drained, leeching cess-pools and privy vaults removed, all decomposing accumulations of garbage or stable manure cleared away and the place made in every way clean. These precautions are to be especially observed about domiciles where the disease exists. The condition of school-houses should not be overlooked.

4. In case of death the body should be enclosed in a sheet saturated with disinfectant No. 3, placed in a tight coffin not afterwards opened, and *burial should be private* and with as little delay as possible.

#### DISINFECTION.

1. *Of the Room.* During its occupancy as a sick-room, the precautions suggested above as to destruction of disease germs attached to articles of any sort before their removal from it should be carefully observed. At the termination of the quarantine the room should be tightly closed and with all its infected contents fumigated with the fumes of burning sulphur or of chlorine, which, especially if the latter is used, should be done only by a competent person. Arrange all the contents of the room so that their surfaces are readily reached by the disinfecting gas. The room should remain closed for twenty-four hours, after which it and its contents should be aired thoroughly for several days. The wood-work should also be thoroughly washed, especially the tops of doors and windows, and solution No. 2 or 3 applied. Ceilings should be whitewashed and wall paper removed, and the walls washed with one of the disinfectant solutions.

*Sulphur Fumigation.* Roll sulphur, in the proportion of two pounds for a room ten feet square, is burned, after placing it in an iron kettle, set in a tub containing a little water to guard against fire. It may be ignited after pouring a little alcohol or kerosene on it.

*Chlorine Fumigation.* Mix well, breaking up all lumps, one part by measure of black oxide of manganese and two of common salt, and add enough water to make of the consistency of cream. A teacupful of this mixture is to be put into a large earthen vessel, as a washbowl, one or two of which may be placed in each room. About an equal bulk of commercial sulphuric acid is to be finally poured into each vessel, beginning with the most remote, the person retiring quickly; it is best to pour this from a pitcher; avoid inhaling the fumes by holding a handkerchief over the face.

2. *Of the Premises.* The entire house should be thoroughly cleansed. The premises also should be cleared of all unsanitary conditions, and all drains, privy vaults and sites of uncleanly accumulations drenched with solution No. 1.

#### DISINFECTANT SOLUTIONS.

No. 1. Sulphate of iron (copperas), three pounds; warm water, one gallon; for the discharges. This leaves rust spots on clothing.

No. 2. Sulphate of zinc (white vitriol), four ounces; common salt, two ounces; water, one gallon. For clothing.

No. 3. Corrosive sublimate, sixty grains; water, one gallon. Caution should be had of the dangerously poison character of this solution; it is well, as a precaution, to color it by adding an equal quantity (sixty grains to the gallon) of permanganate of potash, with which, however, it stains fabrics, etc. To wash furniture and wood-work.

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### PERSONAL.

—Dr. Samuel Roseburgh Morrow, 48 Lancaster street, Albany, was married on Wednesday, May 8, 1889, to Miss Elizabeth Gwynne Hutchins, daughter of the late S. C. Hutchins, of Albany.

## MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

## MEMORIAL MEETING—DR. THOMAS HELME.

A meeting was held in Alumni Hall, March 20, 1889.

Present : President D. H. Cook and Drs. W. H. Bailey, O. D. Ball, H. S. Case, F. C. Curtis, L. Hale, J. V. Hennessy, W. J. Nellis, J. Thompson and S. B. Ward.

Dr. W. J. Nellis was appointed secretary *pro tem*.

President COOK announced the sudden death of Dr. Thomas Helme, and called for appropriate action of the society.

Dr. CURTIS said:

In a quiet, unpretentious way another member of our guild has passed through his allotted course in this world and come to its termination.

I have known Dr. Helme now for a good number of years. His society was always a pleasure. He was a man of good sense and of clear insight, with opinions of his own upon most topics, but not over ready to push them forward; an unassuming man, full of genial, hearty good nature, interesting and companionable.

He should be rated well as to his professional standing. He was well informed in it, and had much of that information that comes to a diligent, conscientious practitioner who is a good observer and who notes in his memory steadily the relations of causes and effects. He had a large family practice, and, as far as I have had the opportunity to observe, was quite successful in his professional work.

Dr. Helme was among the physicians of this locality who saw army service, some facts concerning which I gathered a few years since in collating sketches of the army history of our Albany profession. He took much pride in the fact that his grandfather, who was a man of some prominence in the early history of Rhode Island, was a Revolutionary soldier. His father was also in the war of 1812 in some military capacity. He was himself commissioned assistant surgeon of the 148th New York Volunteers in November, 1863. In 1865 he was promoted to surgeon of the 85th New York Regiment. He was connected with the Army of the Potomac, and saw service in the Carolinas and Virginia; he was in all the battles before Petersburg, and at the taking of Fort Harrison was wounded while in charge, so that he was laid up for several weeks. He continued in active service until the close of the war.

Since then he has been pursuing his professional work a short distance outside of the city. He has built up a character for reliability and worth that has made him a prominent member of his community. He has served them professionally and in public capacities, and has been a trusted adviser. He has been a member of this society since 1858, and he also became a member of the State Medical Society. I am glad to note that he has been identified with the church and its beneficent work, and has, so far as I have known him, been a worthy exponent of it in character and good living. The memory of his acquaintance will be only a satisfaction to all who have known him in life.

Dr. W. H. BAILEY said :

Mr. President—The sad intelligence of the departure of another brother in the profession has just been conveyed to us. Another physician who has worked long and manfully to combat the ravages of disease has at last been stricken down. Dr. Thomas Helme died suddenly, in the fifty-eighth year of his age, Sunday morning, March 17, of pneumonia, at his residence in Guilderland, his native town. Here he passed his boyhood days, his student life, and here among his old neighbors and friends he continued the practice of his profession. He graduated at the Albany Medical College in 1854 with a creditable record, which

foreshadowed an honorable and useful career. As a citizen he won the esteem of his neighbors, and no man was more highly respected among his wide circle of acquaintances. His reputation as a physician was shown by his large practice, and the estimate in which he was held by the fraternity was exemplified by the frequency with which they sought his advice in difficult and severe cases.

When our war of the rebellion broke out, Dr. Helme was among the first to offer his services, and he served most faithfully, with credit to himself, benefit to the unfortunate soldier, and satisfaction to his country.

Dr. Helme was an upright citizen, a good physician and a thoroughly conscientious Christian. No man will be more missed in the town in which he lived nor is there any whose death will be more sincerely mourned than his.

Therefore, be it

*Resolved*, That while we sympathize with the members of his family, his friends and the community in which he lived, we have the satisfaction of knowing that his life was useful in the practice of one of the best of human pursuits, and that he sought the welfare of his patients by constant and unwearied attention, and that he sustained the dignity of his profession by his courteous bearing and sincerity of purpose.

*Resolved*, That these resolutions be entered upon the minutes and a copy sent to the family of the deceased.

On motion, Dr. W. H. Bailey was appointed to prepare a memorial of Dr. Helme to be presented to the Medical Society of the State of New York at its next meeting.

Adjourned.

#### SWINBURNE MEMORIAL AND SEMI-ANNUAL MEETING.

A special meeting was held March 29, 1889, in Alumni Hall.

President D. H. Cook in the chair. Present: Drs. Boyd, Blair, Ball, Babcock, Bigelow, Capron, Curtis, Classen, Clark, Devol, Fleischman, Houston, H. Hun, Murray, Mitchell, Munson, McNaughton, Merrill, Mereness, Morrill, Porter, Russell, Thompson, Vander Veer, Van Allen.

The regular secretary, Dr. Stillman, being absent, Dr. Skillicorn moved that Dr. Blair act as secretary *pro tem*. Carried.

The president stated the object of the special meeting as relating to the death of Dr. John Swinburne, and asked the society what suitable action should be taken in respect to his life and professional career.

Dr. PORTER suggested that, in view of the brief notice which the members had received, he for one did not think he could express himself as he wished, and, while in sympathy with the call of the meeting, thought it would be better to set apart a regular intervening meeting night which should be devoted exclusively to the reading of suitable resolutions and eulogistic remarks by the members of the society, and he accordingly moved that the evening of April 24 be designated, and that a committee of five be appointed by the chair to draft appropriate resolutions. The motion was carried.

The chair appointed as such a committee Drs. Porter, Wm. H. Bailey, Balch, Boyd and Fowler.

Dr. SKILLICORN moved that the society attend the funeral of Dr. Swinburne in a body. Dr. Porter seconded the motion, which was carried.

Dr. CURTIS asked if the committee would present resolutions or a minute to be spread on the records of the society.

Dr. PORTER thought a minute would be suitable.

Dr. CURTIS moved that Dr. Porter prepare a memorial which should be presented at the next meeting of the State Medical Society, and suitable for publication in its transactions Motion was seconded by Dr. Boyd and carried.

The society then adjourned.

The semi-annual meeting of the Medical Society of the County of Albany was held in Alumni Hall, on Tuesday afternoon, May 14, 1889.

Present: President D. H. Cook, Vice-President D. W. Houston, Secretary W. O. Stillman, and Drs. Babcock, Bigelow, Blair, Boyd, D. C. Case, H. S. Case, Cooper, Eastman, Fowler, L. Hale, H. Hun, Marsh, W. J. Nellis, Peltier, Porter, Thompson, Townsend, Tucker and Van Allen; also, Drs. Greenman, of Troy, Billings, of Cohoes, and M. J. Zeh, of West Troy.

The minutes of the last annual meeting were read and approved.

Dr. C. H. PORTER said :

Mr President—I have the honor herewith to present the report of the committee appointed at the special meeting of this society, held March 29, to prepare a minute to be entered upon the records of the society, regarding the late Dr. John Swinburne.

#### MEMORIAL ON DR. JOHN SWINBURNE.

In the death of Dr. John Swinburne the society has lost one of its most eminent members.

Early in his professional life he became connected with this society, and for many years was practically interested in its work, as shown by his regular attendance at its meetings, by his frequent reports of cases, and by his taking part in its various professional discussions.

Dr. Swinburne had a natural genius for surgery, and in early life was untiring in laying a broad foundation for its successful practice, by gaining a comprehensive knowledge of mechanical principles and a familiar acquaintance with practical anatomy. Possessed of a vigorous physical constitution and an active mind, no labor was regarded by him as too great in obtaining knowledge in his profession. As he gradually acquired experience, and, aided by his wonderful perceptive faculties, he became more and more impressed with the fact that many useless operations were performed by surgeons, and that by skill and care a large proportion of injured limbs could be saved which in the ordinary routine of surgical practice would be amputated. He was a thorough believer in conservative surgery in its largest sense. His ambition was *not* to operate, but to save injured and diseased limbs without operating. He devoted many years of his life to the practical illustration of his views in conservative surgery, especially in the treatment of fractures and dislocations.

As a general surgeon he attained a deservedly high reputation—not only with the public, but with other surgeons of repute. His knowledge of anatomy was so thorough, his experience so great, and his judgment so good, that even unusual and difficult operations were performed by him with readiness and skill and with notably successful results. He did not confine himself to any particular department of surgery. His reputation and practice was so great that patients came to him from long distances, and there were but few operations that he did not perform more or less frequently.

He was courageous both mentally and physically; he did not hesitate to advocate any plan or course of procedure that he believed in, however unpopular it was, or to expose himself to physical danger when his duty made it necessary.

He had great executive ability and practical sagacity, and when called to official positions he performed the duties incumbent upon him with rare intelligence and skill, as was particularly shown by his professional labors during the war of the rebellion and at the siege of Paris, as well as while Health Officer of the Port of New York. He organized and administered the American ambulance at

Paris during the siege. The ambulance first excited the curiosity and afterwards received the warm approval of the medical authorities. It was regarded by the French surgeons, as well as by surgeons of other nationalities who examined into its workings, as the highest type of an army hospital, being admirable for its simplicity of construction and administration and for the wonderful results attained in the treatment of the wounded, the percentage of recoveries being far greater than in any of the other military hospitals.

For many years he largely devoted himself to the treatment of such sick and injured as came to his office, and, without exaggeration, tens of thousands were treated by him gratuitously, at a large expenditure to him of time and money. His gratuitous labors were not confined to his dispensary, but were given in all parts of the city and surrounding country. He was unselfish in the practice of his profession, earnest in the advocacy of his views, and during his last illness his chief wish for recovery seemed to be that he might continue his work in caring for the sick and injured and further impress upon the profession the practical value of conservative surgery in saving life and limb.

C. H. PORTER,  
W. H. BAILEY,  
LEWIS BALCH,  
J. P. BOYD,  
A. FOWLER,

*Committee.*

Dr. L. E. BLAIR moved that the report be accepted and printed in the daily papers.

Dr. PORTER said that he had some personal remarks to make before the report was acted upon. He said :

Mr. President—Men die every day. A few lines in the column of deaths in the local newspaper is all the public notice that most men receive after their life has ended.

A man, John Swinburne, died in Albany, March 28, 1889. The various newspapers of the city devoted columns to an account of his life, and long editorials were published about him. When his funeral took place, by official order the city bells were tolled and the city flags were displayed at half mast. The cathedral, where the last rites over his remains were said, was full to overflowing, and crowds filled the adjacent streets. What was the reason for these unusual marks of respect to this dead man? He was not elegant in his dress nor sumptuous in his living. He was not a great general nor an eloquent orator nor a fine writer. He held no official position, professional or political.

The full record of his life furnishes a clear explanation of the reason for these marks of popular regard. At this time and place I can speak but briefly of him, but even a short sketch of this dead man's personal history and mental characteristics will show plainly that a man of mark lived and labored and died in Albany.

Dr. Swinburne was born sixty-eight years ago in Lewis county, almost on the border of the great Adirondack wilderness. His life as a farmer's son in that region and at that time, necessarily entailed some privations and furnished but few opportunities for intellectual development. He worked on the farm in summer and went to the district school in winter. He afterwards attended the academy at Fairfield. He early became a school teacher, and after a time came to Albany, with but little money and no friends. Earnest, attentive and laborious, he soon made himself felt, and after graduating at the Albany Medical College, he became demonstrator of anatomy in that institution. I need not tell here of his early professional struggles and of his privations before success crowned his efforts. Suffice it to say, that he rapidly acquired a satisfactory general practice, and soon became one of the leading surgeons of the city. He labored hard day and night, and was seemingly not anxious to make money, but was anxious to make a reputation. Early in his career he obtained a great popular reputation by his testimony in a noted medico-legal case. But his reputation with the mass of the people was as a conservative surgeon, and this reputation steadily increased

as years rolled on. He was early connected with the Albany Hospital, and did good work there, as he did also in nearly all of the other hospitals of the city.

Soon after the commencement of the war of the rebellion, he was commissioned as an auxiliary surgeon and afterwards as medical superintendent of the wounded New York troops. General McClellan ordered him to Savage's Station to establish there a depot for the wounded. He was soon after made a prisoner, declining to leave the wounded whom he had in charge. The services that he rendered at this time were most important, and he received many compliments, official and otherwise, for the professional skill shown by him, as well as for the sound judgment and sagacity that he displayed during the campaign.

In 1864 he was appointed Health Officer of the Port of New York, and for six years performed the duties of that position with signal ability and success. He then returned to Albany, where he was welcomed by this society, at an official meeting, February 7, 1870, in a resolution unanimously adopted, expressing pleasure at his return and extending to him a cordial welcome.

He soon after went abroad, and, while in London, he was solicited to go to Paris, France being then at war with Germany, and establish the American ambulance. This was done, and the work was carried on by him with unexampled success, he receiving the highest encomiums from the surgeons who were present. Crowds of people flocked around the ambulance, sometimes to the number of thousands. It was a place where distinguished visitors called, as to one of the sights of the city, and it was a frequent theme in the newspapers of the day, as well as in the medical journals.

After his return from Europe he settled in Albany, and established his dispensary, where tens of thousands were treated, for the most part gratuitously. He continued at this labor, with the exception of two years in Congress, until his death.

In looking at Dr. Swinburne's career, and remembering his undoubted success, we are at once struck by the strong characteristics of the man, and can see that his success was no accident, but the natural result of certain causes. He was, first and last and all the time, an industrious man. No labor was too great for him to devote to a case in attempting to secure a successful result. He was untiring—he labored day and night to attain his ends. He took advantage of all opportunities that offered, that tended to bring him favorably before the public and to increase his influence. As a wise man he did this, and also as a wise man he then labored hard to convince the public that he was the right man in the right place. His personal courage was great. He was never intimidated by mere force, whether it was a mob at quarantine, or shot and shell at Savage's Station or on the line at the siege of Paris. He never hesitated to be present and to speak, when the side he represented was unpopular or in a hopeless minority. When apparently overcome, it may be by a vote or by a positive expression against him by those in power, his friends found him undismayed and as persistent and as earnest as before. He was a man of strong prejudices, strong in his likes and dislikes, positive in his expressions and often not over-careful as to when and how he expressed himself. With such positive opinions as he held, with such a mode as he had of expressing himself, with his inaptitude for conciliation, he often arrayed against him many who, by the adoption of a different course, would have been at least neutral, if not friendly to him. Certain things in the profession especially irritated him, such as the success not infrequently seen of pretentious mediocrity or the position gained by fawning and time-serving by those whose intellectuality was below the level of their servility.

Dr. Swinburne was a man of unusually simple tastes. He cared not at all for fine eating, fine furniture or fine dress. He loved fine horses, and usually drove good ones, simply because he was fond of them and wished to get around quickly, and not because he wished to make a display. He was sympathetic, and was easily moved by distress. He was generous to a fault, but he had his own way of showing it and of dispensing his bounty. His mode of carrying on his dispensary, where thousands were treated gratuitously, the poor and rich alike, has been the subject of much adverse criticism by medical men and others. As a pure matter of business there is no doubt but that the plan pursued by Dr. Swinburne was bad,



but it is precisely of the same character as the mode of carrying on the public dispensaries attached to hospitals or managed without their aid, and which are to be found in all considerable cities. If one is to be condemned, the others should meet with the same judgment. The chief difference between the two is that Dr. Swinburne personally paid the expenses of carrying on his dispensary, while the others are supported by the public funds or by private contributions.

We have thus briefly reviewed Dr. Swinburne's personal history and mentioned some of his more striking characteristics. We may now properly ask, Has he made any lasting impression upon the public or the profession? Has he taught either any thing of value, or has his life passed away like that of most men's without leaving behind him any thing positive and permanent? I believe that he certainly made the profession think; that he has made surgeons less inclined to boast of the number of operations that they have performed and more inclined to show how many injured limbs they have saved. The public have been instructed by him to demand a thorough examination in case of an injured limb and positive proof, so far as circumstances will allow, as to the necessity of it, before the amputation of even a small part of a limb is made. Such a well-taught lesson has been of inestimable value, and is of lasting advantage to the public, and the surgeon who taught it has not lived in vain. Without exaggeration it may be said that Dr. John Swinburne was one of the greatest surgeons that this country has produced, whether we regard the amount and character of his work or the influence that he exerted.

At a point of peculiar peril on the coast of Cornwall rises the famous Eddystone lighthouse. On its walls is the inscription, "To give light and to save life." The ideas embodied in that inscription were, I think, controlling motives with Dr. Swinburne, and furnish the explanation of much in the method of his life that otherwise seems obscure. I believe that he considered himself in some way set apart to do two things—

1st. To give light by instructing students and medical men in conservative surgery.

2d. To save life through them, and by showing continually in his own practice what wonderfully successful results could be obtained by conservative surgery, as in treating crushed and mangled limbs without operating.

It appears to me that the most appropriate epitaph that could be inscribed on Dr. John Swinburne's tomb would be—

"He sought to give light and to save life."

Dr. BLAIR then arose and made extended remarks in eulogy of the late Dr. Swinburne.

Dr. F. TOWNSEND, president of the Board of Censors, reported favorably as regards the credentials of Drs. N. L. Eastman and G. G. Lempe, and recommended them as eligible to election to membership. Report accepted and candidates duly elected.

Dr. T. F. C. VAN ALLEN read a preliminary report from the Committee on Revision of the By-Laws. Report accepted.

Dr. W. J. NELLIS gave written notice that he would move a revision of the by-laws at the next annual meeting.

Vice-President D. W. HOUSTON then delivered the semi-annual address on

#### TYPHOID FEVER.

I have selected for my address to this society at this semi-annual meeting the subject of Typhoid Fever, on account of the great frequency of the disease and because it has features of the deepest interest to the practicing physician and to the general public as well.

When a case of typhoid fever comes under the care of the physician he assumes a charge which he knows may call for all his best resources. A typical case of long-continued typhoid fever, if accompanied by one or more of its many compli-

cations, will drain upon the mental and physical stamina of the attending physician more than any other disease with which I am acquainted.

Day after day passes, the pulse is carefully counted, the temperature is methodically taken, the abdomen is cautiously palpated, and we await patiently and anxiously the course of the disease and vigilantly watch the effects of medicine prescribed.

Now, if our efforts are crowned with success, do we not enjoy a feeling of intense satisfaction at seeing our patient, whose life we may have oftentimes considered nearly terminated, brought back to health, friends and usefulness? If our cases run favorably for a while, as sometimes happens, and no deaths are recorded against us, under the use of some special line of treatment, we are apt to forget for the time the real nature of the disease and rest securely upon what promises to be an infallible remedy. When, however, some one prominent in our midst, or perhaps an associate in our own profession, dies from typhoid fever, although we may not have lost faith in the value of our methods of treatment, we are then many times more active in our endeavors to ascertain, if possible, the cause of the fever and why our work has been defeated by the disease we expected to conquer. \* \* \*

Within the last thirty days three cases of typhoid fever occurred in two adjoining houses in the city of Cohoes, with a mortality of 66 $\frac{2}{3}$  per cent. After eliminating other possible causes, I attributed the cases to atmospheric infection from the privy vaults adjoining or from the openings in back yards of these houses, which led into the private sewers. The vault in the rear of the house in which two of the cases occurred was notoriously bad, and was, in fact, the terror of the neighborhood. I was present when the examination of this vault with its obstructed sewer was made, and although a self-constituted judge and jury, I unhesitatingly placed the blame upon this vault with its defective sewer.

One more statement upon a similar condition of things. In the summer of 1888 I attended a woman in typhoid fever, which developed one month after her confinement. In a two-story tenement in the rear of the house there occurred four cases of undoubted typhoid fever in the month of November, 1888. A weak disinfection and a still weaker flushing of the privy vault was done during the summer. I am now attending in the front house a woman thirty years of age, who has well marked typhoid fever. The vault is full and the sewer leading therefrom emits foul odors. Here, then, we have a record of six cases occurring in the compass of one lot and within the period of one year. \* \* \*

In 1888 there were twenty deaths from typhoid fever in Cohoes, the population of which is 20,000. Taking the average death-rate of typhoid fever to be 20 per cent, 20 deaths would represent 100 cases. In other words, there was one case of typhoid fever in every 200 inhabitants.

Now, the water supply of Cohoes is considered to be most excellent. In fact, Mr. David Van Auken, civil engineer, has kindly furnished me with the results of an analysis made by Professor Perkins, and this analysis, in comparison with the analyses of other pure water supplies, ranks well.

It seems to me that some water supplies have borne the onus of unjust condemnation for being the causation of typhoid fever long enough, and that it is high time for us to turn our attention to the subject of foul odors, and especially to sewer air.

Prof. V. C. Vaughan believes that the typhoid germ can be conveyed by sewer air, and in proof the following is related in the *Sanitary News*: "An epidemic of typhoid fever has been prevailing at the Michigan State Prison at Jackson. A committee from the State Board of Health was invited to make an investigation of the causes of the epidemic. The water supply and milk supply were first ruled out as possible vehicles by negative evidence. It was then thought that the defective condition of the sewers, combined with the insufficient supply of fresh air, was the most probable cause of the epidemic. The cases nearly all were from a distinct portion of the prison, and investigation proved that the soil pipe running from the hospital and the house drain into which it entered were defective and were pouring sewer air into that portion of the prison. Prof. Vaughan took to his laboratory a sample of the air from within the soil pipe, and has found in it the specific germ of typhoid fever."

Leaving the question of causation, I shall turn my attention for a few minutes to the diagnosis of typhoid fever. When called to a person ill with an acute disorder of a fever nature, either at the bedside or before leaving the house, we are confronted with the question, "Well, doctor, what is the matter?" For various reasons, in private practice, an answer is expected either at the first visit, or at any rate not later than the second. How necessary is it, then, to make a thorough investigation into the symptoms complained of and a pointed interrogation upon certain localities which frequently give evidence upon the nature of the disorder we are attempting to diagnose.

Mild cases of typhoid fever are common. Cases in which constipation is the rule are also common. Abortive cases are not uncommon. Cases in which there is an absence of the roseolar eruption are common. The typical range of temperature in typhoid fever is far from being common. Continued malarial fever is rare. I presume that it is now well established by the investigations of Laveran, and of Osler and Councilman in this country, that in blood changes we have the means of differentiating between a fever of malarial and one of a typhoid nature. But this method requires special skill and a large amount of attention, and until the method becomes more easy of application I think we are justified in considering that only a very small percentage of continued fever cases are of malarial origin. An attack of typhoid fever is rarely ushered in by sore throat, yet this simple affection closely simulates typhoid fever in its onset, and is only differentiated from it when, upon examination, the local lesion is discovered.

In all fevers the proper place for those suffering is the bed; especially is this true of typhoid fever. Cases that are promptly and peremptorily dealt with in this manner stand a much better chance of recovering than those who continue working on, going around until actually forced to remain quiet.

Some cases are uninfluenced by treatment, others are benefited, and others, again, will recover without the administration of any medicines whatever. So far as drugs are concerned in the treatment of typhoid fever, I give the first place to quinine, given in small doses. When the temperature reaches  $103^{\circ}$  or beyond, antipyrin in five-grain doses has given me nice results. A larger dose of antipyrin will almost invariably reduce a high temperature, but due precaution must be taken, and especially in the later stages of the disease, for counteracting the collapse brought about by the increased sweating and rapid reduction of temperature.

I have used the cold wet pack in two cases within the last three years where the temperature registered  $106^{\circ}$  and over, with beneficial results. I have also unbounded faith in the methodical sponging of the body with tepid water.

The use of good pure cold water internally should be encouraged rather than prohibited. Fluid diet and no changes therefrom should be insisted upon, but, as Dr. Ord, of London, says, we should study the individual as well as the fever, especially in the convalescent stage. People know full well the dangers of a relapse, and cautionary advice is always well received. Many an individual has swiftly been carried away, perhaps after safely passing through a long and severe period of fever, through some indiscretion in diet during the period of convalescence. Of course there is a considerable difference of opinion in regard to the time when solid food can be given with safety. The preponderance of evidence seems, however, to weigh upon the side which takes the view that at least one week should elapse after the temperature has fallen to normal before solid food shall be given.

When a case is announced to be one of malarial fever, when typhoid fever symptoms are prominent and well developed, either through hesitancy, uncertainty or fear of unduly exciting those interested, great precautions should be taken to have thoroughly disinfected all the evacuations—urine, fæces and expectoration. It is largely through carelessness in obeying this simple rule that sewers and water closets so frequently contain the typhoid germ.

On motion, a vote of thanks was tendered to Vice-President Houston for his excellent address.

Adjourned.

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## REPORT OF A CASE OF BULBAR PARALYSIS.\*

BY E. A. BARTLETT, M.D., ALBANY, N. Y.

(A. M. C., '79.)

But three cases in which the symptoms of bulbar paralysis were marked have come under my observation, and only one of these was a classical case.

The first was a case of progressive muscular atrophy, in which the glosso-labio-pharyngeal paralysis finally appeared. The second was a case sent to me as exophthalmic goitre, and which proved to be one of probable glioma near the pons, in the inflammation attendant upon which the bulbar nuclei finally became implicated, with the characteristic symptoms.

In each of these cases the triple paralysis supervened upon other abnormal nervous conditions, and was but an extension of an already existing morbid process.

The one to which I desire to direct your attention at the present time was one which, from beginning to end, presented the phenomena attendant upon, and attributable to, destruction of the origin of the hypoglossal and spinal accessory nerves, with atrophy of the fibres.

H. W., male, æt. 35, married and two children, both healthy, presented himself to me, suffering with paralysis of lips, tongue and palato-pharyngeal muscles. He gave the following history: Had always, up to a few months previously, enjoyed the best of health; never had any kind of throat trouble before. Was engaged in active out-of-doors work much of the time, and had no bad habits, except inveterate smoking. Was surprised, some four months previous to seeing me, to find that his lips were somewhat awkward

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\* Read before the Medical Society of the County of Albany, April 24, 1889.

one morning when he attempted to move them. This condition continued until about two weeks after, when he contracted, as he thought, a severe cold, and had with it a "lame" throat. The physician whom he consulted at that time made some application for sore throat. In this way the case ran on for a week or more, during which time there was marked increase in the labial paralysis; the tongue seemed thick, and fluids would frequently come back through the nose or choke him when he attempted to swallow them hurriedly. The case was then supposed to have been one of diphtheria without ulceration, but followed by paralysis. It was at this time the patient came under my observation, having been referred to me in the hope that electricity might be of benefit. By this time, however, the triple paralysis made it quite evident where the seat of the lesion could be located, and little encouragement was afforded. Careful investigation failed to reveal any evidences of syphilis, nor could any history of such be obtained. Inquiry into the patient's family history showed that eleven of his immediate relatives were afflicted with some form of nervous trouble. Three cases of crossed paralysis, one of exophthalmic goitre, two of epilepsy, one of sudden death from cerebral hemorrhage, and three of convulsions, with fatal termination, in children, furnish very curious coincidences, if not evidences of an hereditary tendency to disease in the medulla or its immediate vicinity. There is a sister, I am informed, at present suffering with the disease under consideration.

This patient was above the average as regards intelligence, and at this time the face had not acquired the appearance of imbecility so commonly seen; the lips were fairly well closed, but when asked to whistle the under lip refused to do the bidding of the will. An examination of the mouth and throat revealed the tongue broad, flat, pale and flabby, lying in the floor of the cavity, its edges just back from the teeth and covered by a pool of saliva; it could not be moved in any part, except slight raising into convexity from before backward; the velum palati hung as a curtain, almost completely shutting out from view the pharynx. A tongue depressor applied to raise it out of the way produced no disturbance whatever; there was apparently no irritability whatever. The appearance of the throat was normal, but there was the same anæsthesia in the mucous membrane; tickling the fauces provoked no response locally, but upon one occasion was followed by prompt and sudden emesis. Speech was almost inarticulate, of the peculiar nasal charac-

ter, of a somewhat puerile calibre, but strong. Special senses were not impaired; general health was good; no pain anywhere, good appetite, and relished his food, but had to be careful how he ate, on account of difficulty of swallowing.

Treatment, as is usually the case in this disease, was of no avail. Phosphorus, iron, strychnia, nitrate of silver and iodide of potassium were all tried. Cold affusions to neck while patient was sitting in warm water were prescribed. Galvanization of the facial, galvanization according to Erb, central galvanization, faradization of the tongue and buccal muscles, were applied. Under the latter there was temporary improvement in movement of tongue, the patient being able to protrude it one-fourth inch beyond the lower teeth, cause the edges to become slightly rounded, or, to speak more accurately, cause them to become a little little less sharp, and to just slightly curl up the end.

Examination failed to reveal the "reaction of degeneration" mentioned by some authors as being present, but electro-contractility was markedly impaired in these muscles and normal elsewhere. Electrical irritability, which was lost when I first saw the patient, was never regained, and the symptoms steadily became more pronounced and grave. The lower lip drooped, the saliva flowed freely from the corners of the mouth, the ability to swallow grew less until it was difficult for him to take any kind of food, it became impossible to understand him, and the voice grew distinctly weaker.

At this time the patient went out of town, and the case practically passed out of my hands. I have learned, however, that the disease went rapidly on from bad to worse. In about three months the morbid process included the origin of the pneumogastric. The patient was seized with dyspnœa, which rapidly became worse, and he finally died suddenly from heart failure. The course of the disease was apparently less than one year.

Bulbar paralysis, paralysis of the bulbar nuclei, Duchenne's disease, glosso-labio-pharyngeal paralysis, as it is variously denominated, is a disease which demonstrates very clearly how limited are our powers to check morbid processes and cure the evils. Known to the profession for nearly half a century, it is still a *bête noir*. There are diseases in which the symptoms diagnostic of this affection appear, and which must not be confounded with it. Some of those recover, this never.

Included in the mosaic along the floor of the fourth ventricle are the nuclei of origin of the facial, the hypoglossal, the pneumogastric and the spinal accessory nerves. Ex-

cessive hyperæmia in this region may produce the triple phenomena of this disease, but there will be associated with them disturbances in hearing, because the nucleus of the auditory nerve is almost inevitably pressed upon. Unless very severe or long continued, this condition may be recovered from.

The triple symptoms, when associated with progressive muscular atrophy or other cord lesions, are always preceded by the evidences of such lesions. The pathological condition is essentially the same whether the disease is located in the cord or in the medulla, and the prognosis is equally unfavorable.

Tumors at the base of the brain sometimes furnish during their growth the symptoms of bulbar paralysis, but they are attended with neuralgia, followed by anæsthesia and disturbances in other facial muscles, which serve as distinguishing marks. In diphtheritic paralysis there is seldom a paralysis of all the groups involved in bulbar paralysis at the same time; they may each be involved, but not simultaneously. The point to be relied upon for differential diagnosis, is the presence of albumin in the urine, which is never present, I believe, in uncomplicated bulbar paralysis. Recovery from this disease is the rule.

Certain points to be noted in the case reported at this time are, first, the age of the patient, which is somewhat less than the minimum limit prescribed by observers; all the reported cases and observations I have seen give the years above forty, even up to seventy, as the ones in which it is most likely to occur. Second, this is a case in which syphilis as a cause can be quite certainly excluded. There are no evidences and no history of syphilis, hereditary or acquired. Finally, there is a clear history of eleven cases of severe nervous disease among blood relations of the patient. Heredity is not considered an important factor in the etiology of this disease, and yet it is not quite clear to my own mind why there may not be an inherited tendency to the form of degeneration found in this disease, as well as to any other—the cancerous, scrofulous, etc., for example. Certainly in this particular case it is very difficult to assign any other cause. As has been shown, the onset was stealthy, the course progressive and the territory affected strictly limited, thus excluding embolism. The patient was a man of good habits and had never suffered any injury, his circumstances were fairly good, and he had never been subjected to severe mental strain or worry.

Is it probable that the effects of excessive smoking, acting upon a predisposition, became an exciting cause?

## A CASE OF PERFORATING GASTRIC ULCER.

BY JESSE CROUNSE, M.D., ALTAMONT, N. Y.

(A. M. C., '77.)

[*For Albany Medical Annals.*]

I wish to present the particulars of a case of perforating gastric ulcer, which has been of much interest to me, and may prove interesting to the profession generally. The case is reported from memory, as I did not, much to my present regret, take careful notes during the progress of the disease.

The patient was a maiden lady of about 55 years of age, who came under my observation about three years ago. Nativity American, weight 155 pounds, general appearance anæmic. The general history revealed cancer, from which her father had suffered; and a brother was operated upon in the Albany Hospital for the same disease, and about a week afterwards developed erysipelas, was removed to his home, and died.

When she first applied to me, she had been under treatment for dyspepsia, having been the rounds of physicians generally. The most prominent symptoms at this time were pain after the ingestion of food, localized tenderness, and frequent vomiting of food only—never any blood. Throughout the entire course of the disease she did not vomit the slightest trace of blood. The pain she described as a burning or gnawing, coming on immediately or within a short time after taking food, the intensity varying with the amount and character of the food ingested. She had learned from experience that the pain could be mitigated somewhat by lying down flat upon the back for an hour or two after eating, or until the food had passed from the stomach into the intestines, or had been vomited. The temperature was normal, tongue clean and slightly reddened, bowels as a rule constipated. My diagnosis was gastric ulcer near the pyloric orifice, on the anterior surface of the stomach.

After being under treatment for about two months she improved materially, and declined all further medication, also utterly refused to adhere to the course of diet prescribed. She was now able to partake of all kinds of food, and, notwithstanding my most urgent appeals, she gave unrestrained indulgence to her appetite, and partook of all food indiscriminately with apparent impunity, suffering from none of the symptoms above described.

This favorable condition continued about four months, when the former symptoms returned with increased severity,



and again she improved under the same treatment, but only after a more prolonged course. She continued in this condition, with alternate relapses and improvement, until last August, when she passed through a severe attack of facial erysipelas, which lasted about two weeks.

During her convalescence she called my attention to a circumscribed induration extending from the umbilicus upward and slightly to the left about two and a half inches.

I ordered poultices, and after four days the abscess pointed at the umbilicus. I made an incision at the upper border of the umbilicus, and removed a large teacupful of healthy pus. The discharge continued free for several days, when it gradually declined in quantity and became muco-purulent in its character. Despite all efforts to excite the healing process, the discharge continued, and I suspected perforation of the stomach. I was able to pass the probe upward about two inches into what seemed to be a cavity about an inch and a half in width, within which I could sweep the probe around, but from which, after strict and careful search I could find no passage leading inward or communicating with the internal organs.

During a period of six weeks she continued in much the same condition, the discharge at times amounting to an ounce in twenty-four hours, at others only a trace. The opening at the umbilicus became very red, painful and angry looking, owing to the acidity of the discharge.

I was hastily summoned one day, and on reaching the bedside was told that about a teacupful of clear, watery liquid had discharged, and upon inquiry was told that a short time previous she had taken a copious draught of cold water. I was now satisfied that there was a perforation of the stomach. At my visit the following day I was told that there had been no discharge since the evening previous. Upon examination I found the opening filled with a dark solid substance, and with a probe I removed what proved to be a long blackberry, she having partaken of some of that fruit the evening previous. Upon the removal of the obstruction the whole contents of the stomach followed, about a pint in quantity, consisting of the food partaken of at the previous meal in a more or less digested condition. The case was now plainly a gastric ulcer, resulting in gastro-cutaneous fistula.

From this time on, whatever food or drink was taken into the stomach passed through the fistulous opening. By keeping her upon her back and giving a small quantity of solid food, which served to obstruct the fistula for a time,

and following it with concentrated liquid nourishment, I was enabled to prolong her life for eight weeks, at the end of which time she died from inanition.

Through the latter stage of the disease she absolutely refused rectal alimentation, so that I was not permitted to make an effort in that direction.

I was granted a post-mortem examination, and have the stomach preserved. The body was much emaciated, being literally nothing but skin and bones. The anterior surface of the stomach was strongly adherent to the surrounding tissues and required dissection to remove it. The ulcer was located on the anterior surface about two and a half inches above the pylorus. It was two and a half inches in diameter, and its borders seemed to be composed of concentric rings of fibrous tissue, presenting a funnel shaped appearance, the outer rings on the inner surface of the stomach being considerably elevated above the floor of the ulcer. The fistulous communication with the umbilicus would admit the passage of the index finger.

All medical literature to which I have access is meagre upon this termination of gastric ulcer, and all authors unite in saying that gastro-cutaneous fistula is rare; therefore I report the case, as it has interested me much, and may others.

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## NIGHT TERRORS IN CHILDREN.\*

BY G. L. ULLMAN, M.D., ALBANY, N. Y.

(A. M. C., '71.)

The condition of an attack of night terror is an agonizing idea which transiently occupies the mind of the sufferer. To illustrate, I will rehearse two typical cases.

A little boy about eight years of age exhibited a true case of this terrifying distress. A few hours after falling asleep he awakened suddenly, started up, crying out loud, screaming, struggling and exhibiting all signs of violent terror. During this condition he failed to be soothed with kind words, by stroking the forehead with cold water or by the inhalation of bay rum, but continued to arouse the household with his loud cries and expressions of evidence that a man with a large head, preposterous in size, was there in his room, ready to bite him. He continued these lamentations again and again, with the terrible thought that an attack was surely and immediately imminent from this object of

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\* Read before the Medical Society of the County of Albany, March 27, 1889.

vast size and growing larger and larger with an expansion of colossal greatness, there, ready to swallow him or take him away, which was the cause of his struggling alarm and great terrifying persistence in begging aid to have it taken away. He convulsively clung to his mother's arm and gown, which he clutched with great tenacity. It became for the time utterly impossible to convince him that the object in question was nothing real, but imaginary. He quivered all over in a state of nervous exhaustion, with a staring and anxious expression of countenance, panting and covered with cold sweat. Several minutes elapsed while in this condition of screaming and receding from the great object that was about to seize him. His manner of violent fright was pitiful, and his freak of disturbed fancy curious. The attack was of short duration, for it was only a few minutes more when the little fellow had recovered composure, brushed away his tears, had taken a drink of water, turned around and kindly walked to his bed, and after covering himself up was soon asleep and sighing.

It was only a few nights ago that I was called about ten o'clock by a hasty summons to see a little girl four years of age, it being thought that a convulsion would result during one of these nocturnal paroxysms. She was trembling with great fright and crying continuously. Her imagination was that a side-bracket globe was a hideous object—an animal—and continued to develop to an amazingly large size. Her fears were overcome after about fifteen minutes of exhausting terror, and she sobbed herself to sleep. I was informed by her parents that this was her third night successively, each attack lasting longer and being more severe, and her exclamations each night of a different nature and exhibiting alarm.

In neither case was the health of the patient apparently impaired; both seemed to enjoy good health, and on my visiting them the next morning, their recollections of the unpleasant event of the previous night was a real blank to them. Such has been my observation in other cases.

In all probability the attack was the result of a vivid impression made in the day-time, and reproduced in distorted nocturnal horror.

The victim of night terrors, or *pavor nocturnus*, experiences an awful, unpleasant, terror stricken disturbance of the mind, and it takes considerable soothing before tranquility is restored. The annoyed condition of the little sufferer in his terrific expressions of alarm before awaking fully to the realization of where he is and how well all is, requires a good

temper and the exercise of patience in those who are with the child, particularly when the paroxysm is of frequent, yet irregular occurrence, as it usually is.

I knew a person whose boy had at irregular intervals attacks of night terrors, who went through the corporal punishment act as regularly as the paroxysms appeared, but little satisfaction was derived, and the irate father afterwards regretted his violent feeling at the time, which was caused mainly from being aroused from his own slumbers by the boy's wild expressions in these attacks, which he inappropriately termed "crazy spells." The lad has grown up, and has acquired genteel night demeanor, and knows nothing of his past behavior.

The great exhaustion of the wild and frightened unfortunate is distressing. The nervous system of a child so affected is morbidly susceptible to various exciting causes, such as violent exercise and mental excitement, which have a tendency to bring on indigestion or even constipation; also the presenee of lumbricoides, causing intestinal irritation, may excite an attack; eating a full evening meal, a distention of the bladder, dentition, or ghost stories may be named as causes.

Dr. Pepper says: "In children it evidently needs but a vivid impression upon the mind in the waking state to produce in the course of the following night, and sometimes for many nights afterwards, the dream which is to cause all the phenomena of the severest night terror. The child may be in perfect health, and yet the mind shall in sleep so act as to reproduce in full or exaggerated force the terrors which have been first felt in the waking state, and perhaps whilst the child was in full, happy play. Children predisposed to this condition by some unusual activity of the brain, have the attacks whenever their health is deranged in any way, as by indigestion or by febrile disturbances from any cause."

Search for the cause, which may come from a variety of circumstances; and if gastric, intestinal, urinary, dental or nervous, treat each as the case indicates. My inability to detect any cause other than the result of an active mind and high-strung nervous system leads me to instruct the mother to use suitable discretion in giving a light supper to the little one; to have it void its urine on retiring; if it is restless and talks during its sleep, to change the position; then I always endeavor to impress upon the parents the idea that much good can be done with kindness and soft words; reasoning with the patient is of but little benefit; he begs

pity, and should not be harshly spoken to. Harshness and violence are harmful means, and aggravate and prolong the distress. Offer kind words of cheer, sooth and encourage. Though some effort will be required to pacify the unfortunate terror-stricken little one, relieve the frightened child by caresses rather than treat with a douche of cold water or by placing him out in the cold hall to shiver in fear with more fright, and begging for help. This kind of treatment is not advisable. Try the bromides of ammonium, sodium and potassium, valerianate of ammonia disguised with peppermint water, or the tincture of valerian; *assofœtida* is a good remedy. Small doses of *hydrargyrum submuriaticum* are known to have been useful. Many remedies have been tried with equal effect. The charming advice of good nature, coupled with time, always meets my expectations admirably.

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### ABSTRACTA.

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THE INFLUENCE OF THE MICROBE THEORY ON THE TREATMENT OF PHTHISIS.—Dr. W. H. Thomson (A. M. C., '59), at the first meeting in May of the New York Academy of Medicine, said that he had never expected any specific treatment to be of permanent value in phthisis, on account of the organic nature of the tubercle bacillus. As illustrating this, he said he had never seen a case of small-pox, measles, or other specific disease, that was shortened a single day by the administration of an antiseptic or any agent whatever. He did not know of any thing that the farmer could use that would kill the weeds, but not the potatoes, in his field; and in like manner we could not expect to find any agent that would kill the tubercle bacillus in the body, and yet not do injury.

But, at the same time, he thought that Koch's great discovery would not be barren of practical results. Having spoken of the apparent interdependence of bacterial growths upon each other, he referred to the wide prevalence of the *streptococcus pyogenes*, and said that it had seemed to him that this organism might perhaps pave the way, as it were, for the tubercle bacillus, which without its aid possibly would not find a suitable soil for its development. If this were so, he thought it was of the greatest importance, first, to check all suppurative processes in the lungs; second, to remove the pus; and third, to prevent putrefaction of pus. One of the best agents against suppuration was *creasote*, and it might be employed both internally and by inhalation. He related two cases of phthisis with well-marked cavities in which permanent recovery followed the use of *creasote*, and said that

while he had, of course, met with many cases in which this remedy did no good, he believed that, on the whole, it was of more efficacy than any other. One important indication was to cause, as far as possible, a limitation of the tuberculous process by promoting the power of resistance in the tissues.

Dr. B. F. Westbrook, of Brooklyn, thought that as a rule a skillful examiner could make the diagnosis of phthisis in any case where the microscopist could do so by means of the sputum. In cases of pleurisy at the apex of the lung, however, where it was not known whether tuberculosis originally existed or not, he believed the examination of the sputum would often prove of diagnostic value. A few cases were also met with in which patients with weak chests have some crackling at the apex, which may be due either to tuberculous trouble or to emphysema; and here, too, he thought the presence or absence of the bacillus might be of considerable value. As to the matter of prognosis, if in any case repeated examinations failed to reveal the presence of bacilli in the sputum, he said he would conclude that there was no tuberculosis present, and that the trouble was probably due to chronic interstitial pneumonia. The mere numerical quantity of bacilli found in any case was, in his opinion, of no value.

As regards the matter of treatment, he believed that the only influence which the discovery of Koch had thus far had upon this was pernicious, since it had resulted in the introduction of all all sorts of mischievous methods. There could be no specific treatment unless we could discover a specific antidote. Antiseptic agents, however, might be of great service in the treatment of fetid bronchitis, in cleansing and disinfecting cavities and the bronchial tubes, and in fortifying the constitution of the patient.

Dr. F. P. Kinnicutt, who closed the discussion, said that some of the antiseptic remedies had an undoubted value in removing foci of irritation and rendering the tissue in a measure aseptic. They arrested fermentation and had a stimulating effect upon the vital processes; and it was no doubt to such effects that the benefit observed from the use of creasote was due.—*Jour. Am. Med. Ass'n.*

ANTIPYRIN IN DIABETES.—A. Robin (*La Semaine Méd.*, 1889, No. 15.)

1. It may be employed from the outset in the treatment of diabetes where a glycosuria or acute polyuria is to be reduced without delay.

2. It allows of a suspension of the diet in patients who dislike the latter, without their losing the benefit of the previous restriction.

3. It is indicated when the diet long continued and well tolerated, has produced its greatest effect in reducing the glycosuria and polyuria.

4. A wise combination of diet and antipyrin, associated in a sort of alternating manner, appears to be the best treatment for diabetes.

5. It is not necessary to continue the use of the drug if it does not produce an immediate and considerable diminution of the glycosuria.

6. One of the best ways of judging the effects of antipyrin is not only to ascertain every day the quantity of sugar in the urine, but also to measure daily the quantity of urine and its density. The action of antipyrin is favorable in the proportion in which the quantity diminishes and the density is reduced, or at least the latter should remain stationary. But if, with the quantity of urine diminishing, its density tends to increase, the use of antipyrin should be stopped immediately and permanently.

7. Albuminuria does not constitute an absolute contraindication. Its presence simply involves a question of its dose and of the duration of its use.

8. Finally, loss of appetite, emaciation, a sensation of weakness, pallor, oppression, swelling of the eyelids, or a sensation of tension in the face, are symptoms demonstrating, where they appear, that the use of the antipyrin is more harmful than useful, even if the glycosuria should be influenced favorably.—*Med. Progress.*

SCIENTIFIC USES OF THE EIFFEL TOWER.—M. Janssen, of the Institute of France, is of opinion that the Eiffel Tower will have many scientific uses. One of the greatest difficulties of meteorological observations is the disturbing influences of the station of observation itself? How, for example, can a true deviation of the wind be observed if a purely local obstacle causes it to deviate? And how can a true temperature of the air be determined by a thermometer influenced by radiation from surrounding objects? Thus, the meteorological elements of great centers of habitation have to be taken outside those centers and at a certain height above the soil. The tower, since it rises to a great height, and from the nature of its construction does not modify in any way the meteorological elements to be observed, will get over this difficulty. A height of 300 yards is in itself not negligible quantity from the point of view of rainfall, temperature and pressure, but these circumstances give all the more interest to the institution of comparative experiments on variations due to altitude; the electrical interchanges between the soil and the atmosphere can also be studied to advantage. Special arrangements can be made for avoiding accidents, and results of great interest should be obtained. M. Janssen recommends also the institution of a service of meteorological photography. A good series of photographs would give forms, movements, modifications which the clouds and atmospheric conditions undergo from sunrise to sunset. Thus a history of the skies would be written on

a radius not hitherto dealt with. In physical astronomy various other observations might be taken, especially in relation to the study of telluric spectrum. M. Eiffel announces that three laboratories have already been arranged on the tower. One will be devoted to astronomy, and the second will contain registering apparatus from the central bureau of meteorology, and will be devoted to physic and meteorology. MM. Mascart and Cornu expect to draw great advantages from its use in the study of the atmosphere. The third is reserved for biology and micro-graphic study of the air, to be organized by M. Henocque. M. Cailletet is arranging a great mercurial monometer, with which he expects to obtain pressure as high as 400 atmospheres.—*British Medical Journal*.

THE VALUE OF SULPHONAL IN THE INSOMNIA OF THE PSYCHOSSES, though just now lauded by our German *confrères* and much employed by them, is not in our opinion the equal of chloral, especially if judiciously combined with a suitable bromide salt, like the bromide of ammonium or potassium. Occasionally a patient has returned to us after a trip abroad, and the almost invariable sulphonal prescription in case insomnia followed them there or overtook them while in Germany, and we have been better satisfied with the more complete night's rest and next day's mental tranquility and refreshment that followed the chloral than with that which succeeded the sulphonal. Nevertheless, Dr. A. Cramer (*Berlin Klin. Wochenschr.*, 1888, No. 34) has made experiments in his asylum on forty five different patients suffering from melancholia, mania, paralysis, paranoia and hebephrenia, in all four hundred and seven experiments. In 92 per cent. sulphonal produced a sleep lasting five hours or longer; it came on in from one quarter to one hour after the medicine was administered. The dose varied from 30 to 90 grains. The remedy appeared to act harmlessly, and drowsiness did not persist long, save in exceptional instances after the patient awakened. The medicine was given at night, usually the most proper time, we may here remark, for the giving of a hypnotic draught. *Alienist and Neurologist*, April, 1889.

INDIAN INK.—B. Piffard, in the *Scientific American*, gives the following process for making Indian or India ink :

I find that a color apparently identical to Indian ink can be produced by the action of sulphuric acid on camphor. An excess of camphor should remain some twenty-four hours in strong sulphuric acid; it then results in a gelatinous mass of a slightly reddish color. This, when heated, effervesces, gives off fumes of sulphuric acid, and turns intensely black. By evaporation the superfluous sulphuric acid and camphor (for there remains an excess of both, the weakened acid not acting on the camphor) can be driven off. The remainder, when applied to paper as a paint, appears, to my unartistic eye, to be Indian ink. When dissolved in water, it remains an indefinite time without precipitating.



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## BOOK NOTICES.

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LECTURES ON ECTOPIC PREGNANCY AND PELVIC HÆMATOCELE.  
By Lawson Tait, F.R.C.S. Edin. and Eng., LL.D., Professor  
of Gynecology in Queen's College, Birmingham; Surgeon to  
the Birmingham and Midland Hospital for Women, etc. 8vo,  
pp. 107. Birmingham, 1888.

In looking over the transactions of societies for the last few years the importance of the subject of extra-uterine pregnancy is clearly manifested in the long discussions regarding its clinical history, pathology and treatment.

The widely diverse views regarding this subject held by men of unusual ability and experience indicate clearly enough that there are still many doubtful points in the pathology and treatment of extra-uterine pregnancy.

Mr. Tait's rare opportunities for investigating the subject, aside from his well-known reputation as a bold and skillful surgeon, naturally excite the keenest interest in this, his latest contribution to the study of ectopic gestation.

In the first lecture Mr. Tait gives his reason for adopting the phrase ectopic pregnancy: "I have adopted the phrase ectopic pregnancy, designed originally by Dr. Robert Barnes, as by far the best which can be applied to the curious and most interesting displacement which we have first to consider, for it gives a convenient and very complete definition without expressing any theoretical explanation of the condition. The cavity of the

uterus is the proper place for any gestation, but a gestation may be ectopic without being extra-uterine, as in what has been called the interstitial or tubo-uterine variety. I believe we might call all ectopic gestations 'tubular pregnancies,' but that would be hardly fair to those who still cling to the belief in the occurrence of the ovarian kind. 'Ectopic' includes them all, and therefore I adopt it."

In referring to the literature of the subject, the author especially comments on the work of Dr. John S. Parry: "It is at once remarkable for its scholarly research and fine critical sagacity."

According to Mr. Tait, ectopic gestation in the free portion of the tube infallibly involves rupture at some part of its progress before the fourteenth week—in fact, rarely later than the twelfth week, and may occur as early as the fourth week of gestation.

The author's genealogical table of ectopic gestation is as follows:

I. Ovarian—possible, but not yet proved.

II. Tubal in free part of tube is (a) contained in tube up to fourteenth week, at or before which time primary rupture occurs, and then progress of the gestation is directed into (b) abdominal or intra-peritoneal gestation, uniformly fatal (unless removed by abdominal section), primarily by hemorrhage, secondarily by supuration of the sac and peritonitis. (c) Broad ligament or extra-peritoneal gestation. (d) May develop in broad ligament to full time, and be removed at viable period as living child. (e) May die and be absorbed as extra-peritoneal hematocele. (f) May die, and the suppurating ovum may be discharged at or near the umbilicus or through bladder, vagina or intestinal tract. (g) May remain quiescent as lithopedion. (h) May become abdominal or intra-peritoneal gestation by secondary rupture.

III. Tubo-uterine or interstitial is contained in part of tube embraced by uterine tissue, and so far as is known is uniformly fatal by primary intra-peritoneal rupture (as b) before fifth month.

Mr. Tait does not deny the possibility of ovarian pregnancy, but says that "there are so many contingencies in such a case that the doctrine of chances makes it so remote that its occurrence may be regarded as likely as the birth of a blue lion or a swan with two necks, like a heraldic monstrosity—a mere pathological curiosity." All the cases of this variety which he has investigated he regards as questionable or fallacious, with the single exception of Spiegelberg's case.

In regard to the diagnosis of extra-uterine pregnancy, previous to the period of rupture, the author says that much discussion has taken place of late years as to the possibility of diagnosing tubal pregnancy before the period of rupture, and many strangely dogmatic assertions have been made to the effect that such cases have been diagnosed and successfully treated. He says: "I am bound to say that I am exceedingly skeptical concerning the correctness of these statements, and one fact alone would justify my attitude. It is this, that of all the cases that I have operated on, and in many where I have seen the post-mortem examination and have known the history, the patients have made no complaints till the alarming symptoms of rupture have set in. I have seen only one case before the period of rupture. The diagnosis of tubal pregnancy before rupture of the tube is not easy, as I have said, because the patients do not claim our attention. What symptoms there are, as in the solitary case where I had a chance of making a diagnosis, are merely those of tubal occlusion and distension. If I ever should make a diagnosis of tubal pregnancy before rupture, I should advise its immediate removal by abdominal section as being more certain and far more safe than the fancy methods of puncturing the cyst and injecting poisonous fluids or passing through it some kind of galvanic current."

The brilliant results attained by Mr. Tait in the treatment of extra-uterine pregnancy after rupture of the sac are now well known. His marvellous record of thirty-seven cases saved out of thirty-nine is a great triumph for abdominal surgery.

Although this treatment for this dreadful accident had been suggested and urged by several writers of text-books on obstetrics from time to time, the honor of accomplishing the work is due Mr. Tait. To his boldness and skill we are indebted for another success in abdominal surgery.

The chapters devoted to the diagnosis and treatment of extra-uterine pregnancy after the death of the child are well written and very interesting. Several chapters are devoted to the consideration of the subject of hæmatocele. The work of Beruntz and Goupil has been closely studied by the author.

Referring to the etiology of intra-peritoneal hæmatocele, Mr. Tait says that he has never seen an intra-peritoneal hæmatocele that was not due to a ruptured tubal pregnancy. "Very many cases of extra-peritoneal hæmatocele (effusion of blood into the broad ligament) have undoubtedly been tubal pregnancies which

have ruptured between the peritoneal folds of that important structure. The difference between these is all-important in every way, for the intra-peritoneal ruptures seem to be almost uniformly fatal, whilst the extra-peritoneal hæmatoceles, whether arising from tubal pregnancies or not, should certainly be left to take their own course unless they are suppurating."

The author's views regarding the varieties of hæmatocele, the diagnosis and treatment, are clearly stated, and throw a bright light on many obscure points. In the last part of the book the pathological researches of Heart and of Carter are considered, and Mr. Tait explains the arrangement of the peritoneum in ectopic pregnancy, also giving his reason for opening the abdomen and sac in these cases to one side of the middle line—"As the purpose is to avoid opening the uterine process of peritoneum, the incision should be made two or three inches away from the middle line and towards that side in which the pregnancy has been developed—if this point can be determined." J. P. B.

**THE PSYCHIC LIFE OF MICRO-ORGANISMS** A Study in Experimental Psychology by Alfred Binet. Translated from the French by Thomas McCormack. With a Preface by the Author written especially for the American Edition. Chicago: The Open Court Publishing Co., 1889. Price 75 cents.

In this little work the author attempts to prove that the lowest forms of animal life exhibit a certain degree of psychic activity. He describes micro-organisms in general, as well as the anatomical structure of a number of forms, and dwells especially on the processes of nutrition and fecundation in these little beings. It is in the processes of nutrition and fecundation especially that he finds evidence of psychic activity. Certainly the author presents a number of phenomena of great interest, the full explanation of which is difficult, if not impossible, in the present condition of our knowledge; but to consider that these phenomena depend upon any intelligence or instinct of the micro-organism is, to say the least of it, quite as unproven as is the generally accepted hypothesis that they are phenomena of irritation and chemical action, which hypothesis the author rejects as untenable. Although we think the author goes too far when he claims that there is any psychic element in the phenomena which he describes, yet the work is both interesting and suggestive. H. H.

**INTUBATION OF THE LARYNX.** By F. E. Waxham, M.D., Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons, etc., etc.

The appearance of this little volume, comprising 112 pages, gives a very complete and excellent description of the subject of intubation. Coming to us as it does the pioneer publication in this department, it is rendered especially acceptable to those who intend practicing this rather difficult specialty.

We wish to call particular attention to the chapter containing the directions for performing the operation, and to the illustrations which render the explanations in the text so clear and explicit. Its value will be fully appreciated by those who, unable to receive instructions from a competent teacher, are obliged to rely upon their own judgment, ingenuity and their applied anatomical knowledge.

The notes on the after-treatment are sufficiently comprehensive to be of great assistance during the anxious days which follow the introduction of the tube.

Although intubation oftentimes yields the most brilliant results, many bitter disappointments await the physician who practices intubation of the larynx. He will be called to many cases in which disastrous results will occur, owing to fatal processes elsewhere in the respiratory tract, and one must often be ready to relinquish his patient even when prognosis seems most favorable, while occasionally a little one is saved under the most discouraging complications.

It is to be regretted that Dr. Joseph O'Dwyer, the originator of this method, has not given us a text-book upon this subject, but Dr. Waxham, in the book before us, fully demonstrates his skill and experience, by virtue of which the present contribution becomes a valuable authority.

W. HAILES, JR.

**ELECTRICITY AND THE METHODS OF ITS EMPLOYMENT IN REMOVING SUPERFLUOUS HAIR AND OTHER FACIAL BLEMISHES.** By Plym. S. Hayes, A.M., M.D., Professor of Gynecology and Electro-Therapeutics, Chicago Polyclinic. Chicago: W. T. Keener, Publisher. 12mo, 128 pages.

Among the minor topics that have attracted successful consideration in recent years is this one of the removal of superfluous hairs from the face. It has become an accepted method of treatment to remove them by means of electrolysis. There is no other way yet devised that has any permanent value. The most

satisfactory results have followed the use of electrolysis. To successfully employ it, however, requires experience and very considerable care. Much has been written upon it. Those who propose to undertake it cannot do better than to carefully study the little book which Dr. Hayes has published upon it—the results of his experience. It is a pretty complete résumé of the subject, and gives a large number of suggestions that have grown out of his observation, and which the beginner had better avail himself of than to learn by the more costly method of personal experiments. A few pages are also given to the application of the same procedure for the treatment of portwine marks, rosacea and acne, which are also worthy of consideration.

**LECTURES ON NERVOUS DISEASES** from the Standpoint of Cerebral and Spinal Localization, and the Later Methods Employed in the Diagnosis and Treatment of these Affections. By Ambrose L. Ranney, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital, etc. Profusely illustrated with original diagrams and sketches in color by the author, carefully selected wood-cuts and reproduced photographs of typical cases. 778 pages, octavo, cloth, \$5.50. Philadelphia : F. A. Davis, publisher.

George T. Stevens, M.D., Ph.D., is the friend to whom the author dedicates this volume "as a tribute to his personal integrity and general scholarship, and, above all, to his original investigations respecting the causation and cure of functional nervous diseases." Albanians ever feel an ownership in Dr. Stevens, and are gratified at the increasing esteem in which he is held by the profession.

Under the head of "functional" nervous diseases, Dr. Ranney gives a full résumé of the researches of Dr. George T. Stevens respecting the bearings of "eye-defect" and "eye-strain" upon the etiology and treatment of these obscure conditions. The author's own extensive observations have led him to fully endorse all that has been claimed by Dr. Stevens. He says: "I can bear strong testimony to the value of the new methods of examination and treatment suggested by him for these distressing and obstinate maladies. Like other delicate procedures, they can only be intrusted to skillful hands, well versed in their intricacies and careful in respect to minute details. No other treatment has ever yielded me such satisfactory results in severe forms of epilepsy, hysteria, chorea, neuralgia, headache, insanity, and func-

tional visceral derangements. As no drugs were employed by me in many of these cases, the relief obtained must be attributed solely to the method of treatment referred to."

In arrangement and plan this book differs radically from others. The first part treats of those facts (anatomical, physiological and pathological) upon which the science of cerebral and spinal localization is based, and discusses the various steps which should be taken in the clinical examination of a patient, and the deductions to be drawn from the facts elicited.

Besides a full index, there is a valuable bibliography and a glossary which all students will find convenient. The illustrations are 192 in number, many of them in various colors, and in addition there are fourteen full-page diagrams and reproduced photographs of chorea.

**AMERICAN RESORTS, WITH NOTES UPON THEIR CLIMATE.** By Bushrod W. James, A.M., M.D., Member of the American Association for the Advancement of Science, etc., etc. With a Translation from the German by Mr. S. Kauffmann of those Chapters of "Die Klimate der Erde," written by Dr. A. Woeikof, of St. Petersburg, Russia, that relate to North and South America and the Islands and Oceans contiguous thereto. Intended for invalids and those who desire to preserve good health in a suitable climate. Octavo, 285 pages, cloth. Price, \$2.00. Philadelphia: F. A. Davis, publisher. 1889.

This timely book will be appreciated not only by those who must travel for health, but by many who are not invalids, and especially by physicians.

**MATERIA MEDICA AND THERAPEUTICS FOR PHYSICIANS AND STUDENTS.** By John B. Biddle, M.D., late of Jefferson Medical College, Philadelphia. Eleventh Edition, revised and enlarged with special reference to Therapeutics and to the Physiological Action of Medicines, by Clement Biddle, M.D., U. S. Navy, and Henry Morris, M.D., Jefferson Medical College. 607 pages, octavo, illustrated. Price, \$4.25. Philadelphia: P. Blakiston, Son & Co. 1889.

While neither in the text nor index is the therapeutic element made specially prominent, still in the department of materia medica it is one of the most valuable and entertaining of recent publications. The new matter and new illustrations which have replaced much that has appeared in earlier editions, and the extended descriptions of the medicinal applications of drugs, new and old, will prove a charm for student and practitioner alike.

**ATLAS OF VENEREAL AND SKIN DISEASES**, comprising original illustrations and selections from plates of Prof. M. Kaposi, Vienna; Dr. J. Hutchinson, London; Prof. I. Neumann, Vienna; Profs. A. Fournier and A. Hardy and Drs. Ricord, Cullerier, Besnier and Vidal, of Paris; Prof. Leloir, Lille; Drs. P. A. Morrow, E. L. Keyes, F. N. Otis, New York; Dr. J. Nevins Hyde, Chicago; Dr. H. G. Piffard, New York, and others. With original text by Prince A. Morrow, A.M., M.D., Clinical Professor of Venereal Diseases in the University of the city of New York. \$2.00 a part. New York: William Wood & Company.

This work will consist of fifteen monthly parts, each having five folio chromo-lithographs (many containing numerous figures) and 16 to 20 folio pages of text, forming, when complete, one magnificent thick folio volume with seventy-five plates showing, several hundred figures exquisitely printed in colors.

Fasciculi X., XI., XII. and XIII. have been recently received. In every respect thus far has the prospectus been fulfilled. The latest numbers are as excellent and beautiful as the first. The illustrations in these fasciculi include eczema, psoriasis, impetigo, pityriasis, dermatitis medicamentosa, herpes, pemphigus, purpura, lichen, acne, molluscum, verucca, elephantiasis, leucoderma, alopecia, keloid, fibroma, xanthelasma, rhinoscleroma, xeroderma.

**BRIGHT'S DISEASE.** A Series of Post-Graduate Lectures. By Robert Saunby, M.D. Edin., F.R.C.P., London. 290 pages, octavo, cloth, \$2.75. New York: E. B. Treat, Publisher.

The author of this volume, by talent, position, study, long experience and special attention to renal diseases, is amply qualified to state clearly the present state of contemporary knowledge on this disease. Suggestions resulting from thirteen years clinical and pathological study of Bright's disease, under the most favorable environments are added. Fifty illustrations from microscopical preparations of urinary and renal diseases are inserted in appropriate places throughout the work. A complete alphabetical index closes this valuable addition to the Medical Classic Series.

**TUBERCULOSIS.** Etiology, Diagnosis and Therapy. By Prof. Dr. H. Von Ziemssen, Munich. Translated by D. J. Doherty, M.D., Chicago. Detroit: G. S. Davis, Publisher. Paper, 25 cents.

The most recent utterance of eminent clinical teachers.



**THE RADICAL CURE OF HERNIA BY THE USE OF THE BURIED ANIMAL SUTURE.** By Henry O. Marcy, A.M., M.D., LL.D., Boston, Mass. 251 pages, 12mo, paper, 25 cents; cloth, 50 cents. Physicians' Leisure Library, monthly. Detroit: George S. Davis, Publisher.

In 1870 the author first operated by the open wound method and the closure of the parts with the buried animal suture. Experimental studies on animals have demonstrated that aseptically applied animal sutures become so incorporated into the vital structures as to be, in large measure, replaced by connective tissue. The result of these investigations taught that the application of animal sutures for the cure of hernia is of the first importance.

A full index and lists of operators in Europe and America add to the convenience of the book.

Credit is duly given to the ALBANY MEDICAL ANNALS for reports of cases treated in Albany by the author's method.

**ESSENTIALS OF SURGERY and Full Description of the Handkerchief and Roller Bandages.** By Edward Martin, A.M., M.D., University of Pennsylvania. Ninety illustrations, 314 pages, 12mo, cloth, \$1.00; interleaved, \$1.25. Saunderson's Question Compend, No. 2. W. B. Saunders, publishers, 33 and 35 South Tenth street, Philadelphia.

Accurate, concise, and fully modern. The essential points of surgery are emphasized, as a framework to retain and classify further knowledge.

**ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES, for the Year 1888.** Washington: Government Printing Office.

Prominent topics are the Bacteriological Laboratory at the Port of New York, the Quarantine Service, the Epidemic of Yellow Fever, the Natural History of Epidemics of Yellow Fever and a plea for continued investigation by the government, selected cases from its hospital practice, and reports of fatal cases, with necropsies.

**THE PHILADELPHIA MEDICAL TIMES, THE MEDICAL REGISTER and THE DIETETIC GAZETTE** are united in a 24-page quarto, published weekly at 1725 Arch street, Philadelphia, with a quarterly number devoted solely to physiological medicine. A number of distinguished physicians in this country and abroad, forming the American Medical Press Association, are collaborators.

## EXCHANGES, PAMPHLETS, ETC.

## EXCHANGES.

*Table Talk*, Philadelphia. A Society and Dietary Magazine. \$1.00 a year; 10 cents a number.

*International Record of Charities and Correction*. G. P. Putnam's Sons, New York, inform the public that the *International Record* will be published this year in Springfield, Illinois, under the charge of the Rev. Fred. H. Wines, with whom the plan of the *Record* originated, and who has from the outset been its editor. Mr. Wines appeals to all subscribers to continue their subscription and to do all in their power to increase the circulation of the *Record*, in order that it may not again suffer from any financial embarrassment.

## PAMPHLETS.

New York Cancer Hospital. Fourth Annual Report.

Intubation of the Larynx in Diphtheritic Croup. Analysis of 200 cases. By Dillon Brown, M.D. *N. Y. Med. Journal*, March 9, 1889.

Intubation in Chronic Stenosis of the Larynx, with a report of five cases. By Joseph O'Dwyer, M.D., New York. *N. Y. Med. Journal*, March 10, 1888.

A Résumé of Experience at the Aural Clinic of Prof. Hermann Schwartze, in Halle, Germany. By Chas. H. May, M.D., New York. *N. Y. Med. Jour.*

The Galvanic Treatment of Fibro-Myomata. A. H. Buckmaster, M.D. Prize Essay of Alumni Association, L. I. College Hospital. *Brooklyn Medical Journal*.

On the Relation of the Nasal and Neurotic Factors in the Etiology of Asthma. By F. H. Bosworth, M.D., E. L. Shurley, M.D., W. H. Daly, M.D., Andrew H. Smith, M.D. *N. Y. Med. Journal*, January 19, 1889.

Ninth Annual Report of the State Board of Health of Illinois. With an Appendix embracing Report on the State Sanitary Survey, Vital Statistics of Illinois, and Coroners' Inquests, Meteorological Tables, Report on State Medicine in 1886. Springfield, Ill., 1889.

Preliminary Report to the Illinois State Board of Health. Water Supplies of Illinois and the Pollution of its Streams. By John H. Rauch, M.D., Secretary. With two Appendices: I. Chemical Investigations of the Water Supplies of Illinois, by Prof. J. H. Long. II. The Illinois River Basin in Its Relation to Sanitary Engineering, by L. E. Cooley, C.E., Springfield, Ill.

Yellow Fever; Absolute Protection Secured by Scientific Quarantine. From tenth report of State Board of Health of California. By Wolford Nelson, C.M., M.D., 32 Nassau street, New York; member of C. P. S., Quebec; late Board of Health, State of Panama, S. A.; correspondent State Board of Health of California, etc. "During the five years of Dr. Holt's administration as president of the Board of Health of Louisiana, not a single case of any contagious or infectious disease has reached the Crescent City."

## MISCELLANEOUS.

American Public Health Association. Seventeenth Annual Meeting, Brooklyn, N. Y., October 22-25, 1889. Dr. Irving A. Watson, Secretary, Concord, N. H.

The Greater Half of the Continent. In response to an urgent letter from C. C. Bonney, Esq., of Chicago, ex-President of the Bar Association of Illinois, the editor of the *North American Review* has waived his exclusive rights, under the copyright law, to publish Erastus Wiman's article, "The Greater Half of the Continent," which appeared in the January number of that periodical, and a gentleman in Ohio has provided a sum to print copies sufficient to reach every editor and author in the land.

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MEDICAL NEWS.

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DEPARTMENT OF THE INTERIOR,  
CENSUS OFFICE,  
WASHINGTON, D. C., May 1, 1889 }

*To the Medical Profession :*

The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of state and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physicians' Registers," for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will coöperate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they ever have been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT P. PORTER,  
*Superintendent of Census.*

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PERSONAL.

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—Dr. William N. Curtis ('70), of East Albany, Rensselaer county, N. Y., died June 6, 1889, æt. 45. He was originally from London. He leaves a wife and two children.

# ALBANY MEDICAL ANNALS.

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## ON THE VALUE OF TRACHELORRAPHY.

By WILLIAM O. STILLMAN, A.M., M.D., ALBANY, N. Y.

(A. M. C., '78.)

[For *Albany Medical Annals*.]

Despite the dictum of the *London Lancet*, which, in its issue of May 25th last, depreciates the value of what is commonly known as Emmet's operation, I think that there is still a strong feeling in its favor among American specialists. It is not perhaps as popular as it was a few years ago, when it was quite the vogue among gynecologists, and was performed somewhat indiscriminately on cases which offered an excuse for its trial. Of its undoubted value in many cases there can be no question. The difficulty in the minds of many German and some British operators in accepting its value appears to be that cervical lacerations are so frequently found with little, if any, local or reflex disturbance that they question their etiological importance as claimed by Emmet. This is hardly fair: The same might be said of almost any displacement or inflammation of the womb. A slight affection frequently causes great disturbance in a delicate organization, while serious ones may produce comparatively little effect in others. In a certain class of cases I have seen the greatest possible benefit follow the operation, and it is to call attention afresh to its value in some of the chronic and often intractable conditions associated with lacerations of the cervix uteri that I report a few cases of trachelorrhaphy.

CASE I.—This patient had her first child when she was thirty-two years old, and was first seen about two years later. The cervix uteri was greatly hypertrophied, and presented a multiple laceration. There was eversion of the os and a free leucorrhœal discharge. General uterine hyperplasia was marked, and considerable tenderness was noted

locally, with backache and pelvic tenesmus. The general health had suffered a good deal. Local treatment—hot-water douches, iodine and glycerin tampons, the dull wire curette to the fungosities present, and caustics to cervical cysts—failed to be of permanent benefit. I operated by excising a portion of the thickened cervix and repairing the lacerations. The sutures were removed on the eighth day and vaginal douches resumed. In two months the uterus appeared like that of a virgin, and all local symptoms had completely disappeared. Under tonics the general health was also restored.

CASE II.—This woman at the age of twenty-seven had had four children and one miscarriage within about five years. The youngest child was nearly two years old. Her general health had suffered greatly from her rapid child-bearing, and she was emaciated and excessively nervous. The uterus, which was prolapsed, was enlarged and tender, and presented a deep bilateral laceration of the cervix. Involution had evidently been greatly retarded, and there was considerable endometritis, with a profuse catarrhal discharge. The case was very rebellious to treatment, and I finally operated for the repair of the cervix. Considerable cicatricial tissue was removed at the bottom of the lacerations. The case made a good recovery, and all local symptoms soon ceased, and the general health slowly but steadily improved. She was five months afterward feeling in excellent health.

CASE III.—This lady made a very poor recovery after the birth of her second child, and came under treatment some five months after her confinement. She had backache, pain in the right ovary, found great difficulty in walking far, and was troubled with a bad leucorrhœa. The uterus was congested and tender and considerably enlarged, and involution was apparently delayed. The cervix was lacerated bilaterally, one side much more than the other. Her general health was poor, and she was not able to nurse her baby. The menses had returned, and were freer than usual. Local and general treatment were employed, but with only temporary benefit. After some four months, the cervical endometritis, hypertrophy and catarrh still persisting, I operated on the lacerations. She was a week in bed, and made a good recovery, with a perfect union. All evidence of eversion disappeared, and with hot-water douches and a few applications of iodine the local condition soon proved entirely satisfactory. Her general health was far better. The operation was a success, although occasionally the ovary has shown some sensitiveness.

CASE IV. was much like No. 3. The laceration was very deep, and the denudation was extended almost to the internal os. The result was more strikingly successful than in the preceding case.

CASE V.—This patient was a woman twenty-six years of age, and the mother of three children, the youngest of whom was four years old. Her health had not been good since her first confinement, and she suffered a great deal with pelvic pains and abdominal neuralgia. There was a lateral laceration. The eversion was slight and the hyperplasia not very marked. The leucorrhœa at times was severe, and the stomach was often apparently affected by the condition of the pelvic organs.

Treatment proving unavailing in giving permanent relief, I operated at the request of the patient. The old scar tissue was carefully excised and a good union secured. The patient was five days in bed, and made a good recovery. No after-treatment was used, except the use of antiseptic douches after the operation. In less than two months she was quite well, and has been so ever since, as far as the uterus is concerned.

CASE VI.—This patient was a large lady, about thirty-five years of age, whose youngest child was nine years old. She had suffered from menorrhagia for several years, and complained frequently of severe pelvic tenesmus. On examination, the cervix was found tender and painful, greatly hypertrophied, and bathed in an offensive leucorrhœal discharge. Its feel was nodular. Fearing something malignant, tentative treatment was employed. Iodized phenol was used locally and hot-water douches. The curette relieved the menorrhagia, and a rapid improvement ensued. It was deemed expedient to remove some of the hypertrophic tissue to expedite recovery. This was done without any anæsthetic except the local use of cocaine. The patient refused to go to bed, and lay on a lounge most of the time after the operation. The result was a perfect union, and the patient was quite well in some three months.

CASE VII.—This case presented a cervix lacerated in some way by an abortion at five months. There was considerable local irritation and general disturbance, especially of the nervous system. The uterus, which exhibited a posterior lateral laceration, was congested and inclined to menorrhagia. There was backache and the usual train of symptoms found with such conditions. Local treatment was but moderately successful, and to put an end to the dallying, trachelorrhaphy was performed. The uterine catarrh, which

had been present, pretty well ceased, and the patient, under the use of syrup of hypophosphites, was soon in good health.

These cases, which I have necessarily briefly reported, well illustrate, I think, the good effects which *may come* from Emmet's operation. Where the general or special ill-health is dependent upon other causes, the repair of a laceration *naturally* cannot be expected to do much good. On the other hand, where the general condition is directly affected by the local, and that by the nerve irritation of an old scar, or the inflammation, hypertrophy or displacement which may come from the local nerve derangement, or the irritation of an everted, and perhaps eroded, cervical endothelium, or an impeded cervical circulation, the good results of an operation may be very marked. The cervix becomes everted because of the laceration, and is sometimes wrongly treated as an erosion. The exposure to acid vaginal secretions and the friction of the vaginal rugæ undoubtedly inflame the everted endothelium,

Perhaps much of the good effect of the operation, aside from its removal of scar tissue, arises from the local depletion and the powerful alterative effect of the cutting.

This is old and well-contested ground, but contributions to statistics are needed, as they alone can finally determine the exact value of any surgical procedure.

287 STATE STREET.

## "PINK-EYE."

By C. M. CULVER, M.A., M.D., ALBANY, N. Y.

(A. M. C., '87.)

[For *Albany Medical Annals*.]

Case No. 748, a lady, became my patient on the 5th of February, 1887. On the 19th of March, 1889, she called on me again, having an acute catarrhal conjunctivitis in the left eye alone. The history of the case caused me no anxiety concerning my patient's recovery. I prescribed:

Cocaini muriatis,		
Acidi borici,	. . .	ââ 0.40 grammæ.
Aquæ destillatæ,	. . .	10.00 "

Sig.—A drop in left eye, when painful.

A few months later I met my patient's husband, who told me that my diagnosis and treatment, in that case, had been a couple of failures; that Dr. C. had had the patient abed, a week, soon after I saw her, with "pink-eye;" that he used "a weak solution of borax," and the cure was obtained, in

that time, by those means. I did not then exactly remember what my prescription had been, but consultation of my case record demonstrated that it had been as above given.

Fownes\* says that boric acid "is also easily made by decomposing, with sulphuric acid, a hot solution of borax."

Many readers of the ALBANY MEDICAL ANNALS have used both boric acid and borax in practice. Competent judges are invited to compare the two courses of treatment hereinbefore cited.

Case No. 1633 has lately told me that "pink-eye" had been diagnosed in her family, that it had been epidemic in the family (the number of victims having included a very transient visitor), and in a popular school attended by one of my patient's sisters. I believe the physician who diagnosed "pink-eye," in this case, was the same who diagnosed the same disorder in the first case herein cited.

A prominent *connoisseur* in equine matters, husband of case 748, has told me that "pink-eye" sometimes affects the horse's legs and sometimes his intestines.

I have been investigating so-called "pink-eye" some time. Although I have read several of the best known works on diseases of the eye, in French, German and Italian, as well as in our own language, I don't think I have ever yet seen the compound word "pink-eye," or its equivalent in any language, in print.

In a letter dated June 3, 1889, Dr. Landolt, of Paris, has written to me what I translate into this: "I do not know what 'pink-eye' means, and I have great fear that it means too many things to be interesting. The vulgar herd, that has no precise ideas of any thing at all, uses its expressions incorrectly and at random, and its slang does not deserve that we should stop a single instant over it."

Lest I should give a biased translation, I append Dr. Landolt's exact words; the reader may translate:

*"Je ne sais pas ce que 'pink-eye' signifie, et j'ai bien peur que cela signifie trop de choses pour être intéressant. Le profanum vulgus, qui n'a d'idées précises sur rien du tout, se sert à tort et à travers de ses expressions, et son slang ne mérite pas que nous nous y arrêtions un seul instant."*

Dr. Howard S. Paine told me, orally, on the 17th of June, 1889, that, although he had seen conjunctivitis that seemed epidemic, the so-called "pink-eye" that he had seen had been simple catarrhal conjunctivitis; that the *pink* was of the same kind as that always found with an inflamed mucous membrane.

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\* Fownes' Elementary Chemistry, p. 211, lines 4 and 5.



May 16, 1889, Dr. Thomas Featherstonhaugh, now government expert, at Washington, in eye affections, wrote me: "Don't know any thing about 'pink-eye.' I had an idea it was some kind of a flower, until you gave me information respecting it."

In a letter dated May 20, 1889, Dr. Edward Jackson, of Philadelphia, has written to me: "As to 'pink-eye,' I see a few cases each spring, that I think are only sun-burn of the conjunctiva. But there are other groups of cases that I can only regard as instances of an infective disease."

I do not consider Dr. Jackson's last statement as in the remotest sense contradictory of the first. But while conjunctivitis is certainly, in almost any of its various forms, *contagious*, whenever there seems to be infection of conjunctivitis, I would regard the eye affection as merely *one symptom* of the infectious disorder.

On the 22d of May, 1889, Dr. T. F. C. Van Allen told me, orally, that he thought the horse disorder called "pink-eye" and the human complaint that the laity (and a few physicians) call that, have no connection with each other; that, in horses, the affection *is* systemic, a prominent symptom being conjunctivitis; but that the human disorder that has been termed "pink-eye" is a conjunctivitis *not* epidemic. He said the name "pink-eye," as seeking to connect the human and the equine affections, is a misnomer, although he tells me that it has been used, diagnostically, by two men who were medical professors.

May 22, 1889, Dr. G. S. Munson told me that he had never diagnosed "pink-eye;" that it is conjunctivitis and neither a systemic, nor part of a systemic, disorder.

What the present writer is after is *the truth*. If it be *true* that I have misjudged or misunderstood "pink-eye," that's what I'd like to know.

As to *names*, I care little for them. Most of them that we use, even technically, are etymologically wrong. Myopia means, etymologically, "partial lid approximating."\*

According to Dr. Bullions, glaucoma used to mean cataract; etymologically, it signifies something bluish-gray, or greenish. In the book which I translated from the French, I have dared to so far disregard tradition as to adopt the suggestion of Helmholtz, and change "hypermetopia" into "hyperopia."† But, while I would deny that feeling has been exercised as a motive to the writing of this article, I do object to the assumed ponderosity of them who would get up a chromatic aberration in the *nomenclature* of eye

\* Landolt's "Refraction and Accommodation of the Eye," p. 126. † *Ibid.*, page 132.

diseases, and seem thereby to be more discriminating than we who know of black eyes as resulting from fisticuffs, etc., and of blue, gray, brown and other colored eyes as indicating the colors of irides; but of "pink-eye" only as being a part of the general shortage, of albinos, in pigment.

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## ABSTRACTA.

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**THE LOCAL USE OF IODOFORM IN THE TREATMENT OF CHRONIC CYSTITIS.**—Dr. Ludwig Frey, of the Royal Imperial Hospital, Vienna, thinks he does not go too far when he says that nowhere else is the antizymotic power of iodoform more brilliantly displayed than by its use in chronic inflammations of the bladder, diseased conditions caused by the processes of decomposition. The most horrible and disgusting forms of chronic cystitis, no matter how far advanced or by whatsoever caused (prostatic hypertrophy, stricture of the urethra of gonorrhœal origin, lithotripsy, carcinoma and tuberculosis of the bladder, affections of the spinal cord, etc.) are either cured or materially improved by its use. Besides its antiseptic and deodorizing power, it possesses two other properties, styptic and analgesic, of incalculable value particularly in the treatment of vesical cancer. The bladder is thoroughly washed out with lukewarm, pure water, whereupon the liquid containing the iodoform is injected and the catheter withdrawn. The injection fluid is prepared by adding of the following emulsion:

R. — Iodoformi	.	.	.	.	.	50.00
Glycerini	.	.	.	.	.	40.00
Aquæ destillatæ	.	.	.	.	.	10.00
Gummi tragacanthæ	.	.	.	.	.	0.25—M.

Sig.—A tablespoonful to one-half liter of warm water, well stirred up.

These injections are repeated every third day. As a rule after the third or fourth injection the improvement has so far advanced that one treatment per week will be sufficient.—*Wiener Medicinische Presse*, No. 20, May 19, 1889; *Times and Register*.

**THE CURE OF CONSUMPTION.**—The well-known fact that the tubercle bacillus can be cultivated outside the living body, thriving best at 37.50° C. (99.50° F.), and that it dies at 4° above or below this temperature, is valueless as regards the living body, because the nutrient soil is kept at an equable warmth by the constantly circulating blood. To maintain the blood temperature permanently at about 41° C. (105.80° F.) is impossible, and would kill the patient. Even the bacilli in tuberculous pharyngeal ulcers are not killed, though directly exposed for hours to the action of dry air at 150° C. (302° F.). Bacillary consump-

tives with a sub-normal temperature of  $30^{\circ}$  C. ( $86^{\circ}$  F.) are hopelessly and quickly destroyed by the rapidly multiplying bacilli. Workmen employed in porcelain and lime-kilns at  $80^{\circ}$  C. ( $176^{\circ}$  F.) are just as liable to contract bacillary phthisis as others. An actual heating of the expired air while expiring at the now fashionable hot-air apparatus is not proven. The thermometer does not indicate a difference of temperature between the expired air of the man who for one hour has inspired air at  $150^{\circ}$  C. and that of the one who has not done so. If the bulb of the thermometer is held in the mouth in such a manner that the inspiration current of hot air will strike it, the column will rise to  $45^{\circ}$  C. and beyond; but if the bulb be so held that the inspired hot-air current does not strike it, the column will rise only  $\frac{1}{2}^{\circ}$ – $1^{\circ}$  C., consequently the temperature of the lungs can be no higher. If the dry air in a lime-kiln at  $66^{\circ}$  be inhaled for ten minutes, the exhaled air remains at  $37.50$ – $38^{\circ}$  C.

That the *heat* of hot-air inhalations shall have a devitalizing effect upon the bacilli in the lungs, as is asserted by several physicians of their newly invented apparatus, is therefore incorrect. My own method of dry, warm nitrogen gas inhalation, practiced since thirteen years ago, has always shown that heat is quite an immaterial factor in the destruction of the bacilli; that it is rather an unnecessary infliction of cruelty, and that it has the same hurtful influence as have the tiresome exertions while breathing at the imperfectly constructed apparatus. The usefulness of hot-air inhalations consists solely in its influence upon the characteristically inflamed areas in the lungs and upon the catarrhal inflammation of the bronchi, whereby cough and expectoration are favorably acted on. Should this not occur in eight days' time, the proceeding had better be entirely suspended. Woe unto him who forcibly seeks to attain more! He certainly will furnish all the more corpses for the undertaker to bury.

My bacillary patients are treated in isolated cabinets by breathing an atmosphere deprived of oxygen to the extent of 3-5 per cent. The air breathed is rendered thus poorer in oxygen by diluting it to the requisite degree with nitrogen gas. The cabinets are not freed from atmospheric pressure. The nitrogen is generated in steel retorts at a temperature of  $1000^{\circ}$  C. ( $1832^{\circ}$  F.), therefore absolutely dry, and when sufficiently cooled, inhaled. If it is desirable to breathe hot air, the patient inhales through a tube near the retort oven. Aside from the known *modus operandi* of nitrogen inhalation, which renders superfluous every kind of pneumatic treatment, the importance consists in the effect produced by the breathing of absolutely dry and diluted air continued daily for about four hours at a sitting. Does this directly kill the bacilli? It can scarcely be believed that they are at all disturbed. It is true that at dry altitudes of 15,000 feet the bacilli are killed, and the phthisis is cured, but not because they are made in any way uncomfortable by the rarified pure and dry

air. Rarified air is not the important factor, therefore I do not work with a pneumatic apparatus. It is my belief that by means of the relative drying out of the tissues, in connection with somewhat diminished atmospheric pressure during the inhalation, the white blood corpuscles are enabled to migrate the more easily and in larger number reach the bacilli in force and annihilate them. Phthisis is cured, therefore, not by the annihilation of the bacilli by means of the direct action of hot, dry, rarified and diluted air, but by giving support to the cellular elements preformed for that purpose.

Besides general weakness, a small heart, attenuated blood-vessel walls, the hereditary tendency of consumption consists in the liability to the formation of small, circumscribed characteristic inflammations in the lungs, just as a liability to desquamative, watery, itching skin eruptions is congenital. The inhaled bacillus preferably adheres to and flourishes upon such areas. We also see that arsenic and tar preparations, like creasote, act most favorably in phthisis, as they do in skin eruptions. It is the *nutritive soil* of the bacillus that must be acted upon in order to attain results; this is accomplished by the use of an atmosphere rendered absolutely dry at a heat of 1000° C., considerably rarified, and deprived of oxygen to the extent of 3 per cent. by diluting with nitrogen. It is inhaled at a temperature of 16–30° C. (60.80–86° F.).—*Dr. Steinbrueck, Deutsche Medicinal Zeitung, No. 41, May 23, 1889; Times and Register.*

SACCHARIN.—I have never known of any injurious effects follow its exhibition, though I have had and still have several patients who have substituted it for sugar altogether in their food. Nor have I any reason to suspect that its therapeutical, or rather pharmaceutical, use has disagreed with patients, or influenced the action of the drugs it was combined with. I have employed it largely in gouty, diabetic, glycosuric and corpulent cases. It has taken the place of sugar in the form of elixir in the administration of a number of drugs when prescribed in the fluid state, while I constantly order it in powders in the solid.

The great mistake I find generally made with all preparations of saccharin is that the intensely sweetening property of saccharin is overlooked, and too much is used both for purposes of diet, as when it is added to tea or coffee, and pharmaceutically when it is prescribed for rendering palatable mixtures, powders, etc. Also the intense *first effect* on the palate, of saccharin, is not remembered, so different in this respect from sugar, which if it be taken with the latter, it completely disguises. It is true that some persons dislike not alone the first effects of saccharin, but the “staying power” it exerts on the mouth and taste for a little time after it is used. Caution has therefore to be exercised in prescribing it in the first instance, and these effects should be pointed out to the patient, and the minimum quantity allowed,

erring on the side of too little rather than too much. It is the exception that any special objection is expressed to its employment. I have had no unpleasant effects on the stomach or otherwise in my patients.

I may mention some of the drugs that I have found saccharin useful in disguising the taste of: Quinine, muriated tincture of iron, antipyrin, salicylate of soda, salicin, the oils of copaiba and santal (either of these oils, emulsified by the compound powder of almonds, in which the acacia has been increased by 25 per cent., and the sugar replaced by an equivalent of saccharin, form a mixture that is comparatively palatable, and owing to the antiseptic property of the saccharin it keeps much longer than one made in any other way); its utility in emulsions as a preservative is very great, and is noteworthy in the cod liver oil (which has hitherto given much trouble), guaiacum, hydrastis, cascara sagrada, and chloride of ammonium. But in an infinite variety of forms the elixir of saccharin will be found of use in prescribing.

A patient of mine, some time since, was quite indignant with an eminent authority who rigidly forbade sugar in his diet, yet prescribed compound powder of liquorice to be taken nightly as an aperient. The patient grew inquisitive as to the composition of the powder, and was surprised, on inquiry of his chemist, to find that it contained a fair proportion of sugar. I have used several times saccharin substituted, so as to avoid this ingredient.

Sugar of milk and compound tragacanth powder are useful media for diluting saccharin powders. The soluble saccharin requires very little carbonate of soda to be added for solvent purposes. With granular effervescent preparations the granular saccharin or a few drops of the elixir combine well. I have used saccharin in some cases of chronic vesical catarrh, for washing out the bladder, but not with any marked benefit. Wishing for a palatable biscuit in some cases of diabetes, I had such a biscuit made by Mr. Benson, of Great Portland street, containing gluten flour 11.5 grms., butter 2.75 grms., eggs 8.5 grms., and saccharin 0.01625 grm. in each biscuit, and a second formula with 1.5 of peptone of beef added to each biscuit, rendering the biscuit equal to its own weight in lean meat. These will be found admirable for business men suffering from diabetes. There is a third formula in which bran, freed from starch, replaces half the gluten.

Desiring a useful alkaline lozenge that might be prescribed in irritable states of the throat, Mr. Benson, at my suggestion, has succeeded in giving me a hard lozenge, to the efficacy of which I can bear testimony. Each lozenge contains calcii chlorid. and magnes., of each  $\frac{1}{8}$  gr.; sodii bromid., pot. chlorat. boracis, of each  $\frac{1}{2}$  gr.; calcii carb., mag. carb., sodii bicarb., of each 2 gr.; saccharin, 1-30 gr. This lozenge is not disagreeable to suck, and has a decidedly soothing effect on the mucous membrane.—*H. Macnaughton Jones, M.D., Lancet.*

**SACCHARIN AS AN ANTISEPTIC.**—According to an article in a French medical journal, saccharin may be very usefully employed as an addition to mucilaginous and other solutions, which are apt to develop fungi, as it enjoys the property of preventing the formation of low organisms, even when it is present in only very small proportions. A strength of 1 in 500 is sufficient to prevent the development of *staphylococcus pyogenes aureus*, and a strength of 1 in 200 the development of *B. termo*. Thus a valuable but inexpensive dentrifice may be prepared by simply dissolving saccharin in water to the proportion of 6 per cent. A teaspoonful of this in half a pint of water forms an admirable antiseptic mouth-wash. In cases of malignant or other disease of the stomach requiring the washing out of that organ, a solution of saccharin of the strength of 2 per cent. will, according to this authority, be found very suitable. As a quantity of about twenty centigrammes, or about three grains, can be taken during the day without detriment to the digestive functions, the addition of the minute amount necessary to render mucilaginous solutions permanent cannot be regarded as in any way injurious.—*Lancet*.

**SACCHARIN IN THE TREATMENT OF THRUSH.**—The anti-fermentative action of saccharin suggested to Dr. Fourrier, of Compiègne, its use in the treatment of the frequent and troublesome affection due to the presence of the *oidium albicans*. He has tried it in ten cases of thrush following on measles, applying a solution of saccharin by means of a brush. In eight cases the milky patches disappeared in from twenty-four to thirty-six hours; in only two cases did they persist as long as three days, and the delay was then probably due to imperfect mopping out of the mouth. He made a solution of one part of saccharin in fifty of alcohol, and used a teaspoonful of this alcoholic solution in half a glass of water, applying it four or five times daily. He points out that a stronger solution is apt to prove irritating, and is therefore to be avoided.—*Medical Press and Circular*.

**ANTIPYRIN IN NERVOUS AFFECTIONS OF THE EYE.**—Dr. R. Rampoldi (*Annali di Ottalmologia*), in a case of amblyopia from secondary absolute glaucoma, associated with occlusion of the pupil and of the anterior chamber by total posterior synechiæ, performed an iridectomy, without any relief to the pain. As the patient refused to submit to enucleation, and as his suffering was intense, antipyrin was given in doses of three grammes daily. After the second dose the pain entirely ceased, and did not recur.

**CHOREA CURED BY ANTIPYRIN.**—Legroux (*Berl. kl. Woch.*) considers that antipyrin in doses of fifteen grains three times a day is the most effectual remedy in chorea. He thus cured six cases within a month. Grün (*Centrl. für Nervenheilk.*, 148) and Lillienfeld (*Centrlbl. für die med. Wissensch.*, 1888, 748) also report on the good effect of this drug.—*London Med. Recorder*.

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## BOOK NOTICES.

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TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF  
NEW YORK FOR THE YEAR 1889. Published by the Society,  
1889. 8vo, pp. viii., 507.

For the first time in many years this volume appears within a few months of the time of meeting, and it is therefore especially interesting, its matter being as seasonable as it is valuable, and the book one which will be particularly serviceable for reference during the remainder of the year. Dr. Curtis is entitled to much praise for his promptitude and for the excellence of his work, and the society is to be congratulated that it has secured the services of so able a successor to Dr. Wm. Manlius Smith, who for a dozen years served it most efficiently as secretary. His mantle has fallen upon worthy shoulders. Dr. Curtis, by natural tastes and training, is peculiarly fitted to perform the duties of such an office, being accurate to a degree, painstaking, laborious in his researches, and a scholarly man of high literary attainments. To him the county society is indebted for the preservation of much of its history, which has been rescued from oblivion by his unremitting and long-continued efforts, and there is no reason to doubt that he will render services as valuable and lasting in his new position as those contributed to the county society as its secretary, president and editor of its ANNALS. Emphatically he is the man for the place.

The last annual meeting, as shown by the register, was well attended. There were present 82 delegates, 97 members and 72 invited guests, making a total of 251, a number differing by but two from the attendance at the meeting of 1888. Thirty-six scientific papers are here printed in full, besides addresses and reports of committees, and they include many contributions to medical literature of lasting value. The inaugural address by the president, Dr. Ward, referred to the Congress of American Physicians held in Washington in September, and called attention to the liability of physicians to be sued for damages in cases in which they testify to mental unsoundness unaccompanied by dangerous tendencies on the part of the person adjudged insane. In his anniversary address, which was delivered in the afternoon of the second day of the meeting, instead of in the evening as heretofore, a plan which admitted of holding the annual dinner at an earlier hour, Dr. Ward discussed the subject of medical expert testimony, and suggested as a remedy for the defects and shortcomings of our present method that in medico-legal cases a board of three experts be appointed by the court, one on the suggestion of the prosecution, one named by the defense, and the third by the court itself, these experts to be paid by the court and the charge divided equally between the parties to the action, and that to this board the medical questions should be submitted in writing, the replies to be given in the form of a report, and the medical witnesses not called to the stand. In the event of a failure to agree on the part of the board, a minority report could be admitted. It is to be hoped that some such plan as this will eventually be adopted, for it would tend to promote the ends of justice, beyond a doubt, and relieve the medical profession from the opprobrium attaching to certain of its members who as medical witnesses, instead of confining themselves to facts and placing them in their true light, strain every nerve to bring them into accord with the theory adopted by the side retaining them. It is lamentable that honorable physicians should, for hire, be forced into the position of special pleaders like paid advocates.

The first paper printed in this volume is that by Dr. George M. Sternberg, U. S. A., a guest of the society, on "The Etiology of Croupous Pneumonia," a most interesting study, largely based upon original work and aiming to show that the micro-organism discovered by him in 1880, and named by him *Micrococcus Pas-*



*teuri*, is the infectious agent in acute pneumonia. The paper was discussed by Drs. Loomis, Satterthwaite, and others.

Dr. Stephen Smith Burt's paper on the "Prevention and Treatment of Typhoid Fever" follows, and though presenting nothing particularly new, it clearly points out the chief method of propagation of this too common disease, and calls attention to "the absolute need of destroying in every instance the excreta, or the germs therein, as they are expelled from the patient." We entirely agree with the writer that this "should be made a legal necessity," and are surprised at the carelessness or indifference of the majority of physicians in this respect. Had such a course been pursued, the Plymouth epidemic would have been averted. Other papers relating to typhoid fever were read by Drs. Eugene Beach and Simon Baruch.

Among other noteworthy contributions to this volume may be mentioned Dr. Loomis' paper on "Cardiac Dilatation;" Dr. Gibney's, on "The Orthopædic Treatment of Tubercular Disease of the Knee in Children;" Dr. Weir's on "Perityphlitic Abscess," discussed by Dr. Vander Veer; and Dr. Hailes' history of a "Triple Cast of the Larynx and Trachea, with Intubation and Recovery." Among the papers pertaining to specialties may be mentioned Dr. Pooley's, on "The Operative Treatment of a Case of Hyperostoses of the External Auditory Canal;" Dr. Noyes' "Considerations Concerning Extraction of Hard Cataract;" Dr. Moore's, on "Diabetic Amblyopia;" and that by Drs. Peterson and Fisher, on "Cranial Measurements in Twenty Cases of Infantile Hemiplegia." A valuable paper on the "Technique of Vaginal Hysterectomy," by Dr. James B. Hunter, whose lamented death has so recently been announced, elicited an interesting discussion, in which Drs. Emmet, Currier and Potter participated, but the space at our command does not admit of even a brief abstract of these or the many other contributions to medical literature which appear in this volume.

At the business sessions some important subjects were discussed. The president was empowered to appoint a committee to report at the next annual meeting such recommendations as may seem desirable to be made to the convention of 1890 for revising the U. S. Pharmacopœia, and such committee was authorized to solicit from the county societies an expression of their views upon certain topics presented by the special committee on revision, of which the most important are the settlement of the question as to

the remedies to be added to and discarded from the official list; the strength of preparations and the system of weights and measures to be used in constructing the working formulæ of the Pharmacopœia.

An important resolution, offered by Dr. Suiter and unanimously adopted, directs the committee on legislation to prepare an act prohibiting the use of all substances by undertakers which will in any manner interfere with tests which may be subsequently applied in medico-legal investigations, unless with the approval of the physician, coroner or local board of health, and to present the same to the legislature and urge its passage. Such a law should be enacted. It is the common custom for undertakers to employ arsenical solutions in large quantity as preservative fluids, though such a course is generally entirely unnecessary, and may defeat the ends of justice by rendering it impossible to prove with certainty the criminal administration of poison before death. On the other hand, the detection of arsenic or other poison in the body after death may cause suspicion to be directed against an innocent person. The Ford case recently tried at Hudson is a case in point. The defendant's life was twice placed in peril, he being charged with the murder of his wife by the administration of arsenic. The use of a solution of arseniate of soda by the undertaker who prepared the body for burial was admitted by the prosecution, but an ingenious chemical theory was presented by the district attorney, whose expert endeavored to prove that arsenious acid administered before death could be distinguished from arsenic acid in combination, injected into the body after death. On the first trial the jury disagreed and on the second acquitted the defendant. This case was one of great interest from a medico-legal point of view, and has most strongly emphasized the fact that some check should be put upon the indiscriminate and unrecorded use of arsenic and like poisons by undertakers.

The committee on prize essays again reported that no essays in competition for the Merritt H. Cash prize had been placed in their hands. This fund, with accrued interest, now amounts to \$692.28. The treasurer's report showed a deficit of \$541.10, chiefly due to the expenses created by the committee on legislation. Reports from the committee on publication, explaining the delay in the appearance of the last volume of Transactions; from the committee on quarantine control; on hygiene and on the

causes and prevention of blindness were received. Notice was given by Dr. Flood of a proposed amendment to the by-laws relating to the election of officers, permanent members, etc., and Drs. Flood, Brown and Curtis were appointed a committee to revise the by-laws and report at the next meeting.

In the latter part of the volume we find the usual lists of officers, members, county societies, etc., and in addition to these a most useful table of the officers of the society from its organization, carefully prepared by Dr. Curtis, agreeably to a suggestion in the president's inaugural address. An appendix contains the laws of the state of interest to the profession and enacted by the last legislature, and an excellent index brings the book to a close.

This sketch of a most interesting volume, already too long, can yet not fairly be concluded without complimenting Secretary Curtis on the handsome appearance of his first Transactions. Externally it resembles its recent predecessors, though the volume is somewhat taller than heretofore, but typographically it wears quite a different face, the choice and arrangement of the type being exceedingly fortunate and giving the pages a most attractive appearance. It was printed by Dornan, Philadelphia. The proof-reading has been done with such care that on a somewhat careful examination but a single error has been discovered, Mr. Goodwin Brown's name appearing as "Bunn" in the list of Commissioners in Lunacy at page 498. Such a volume as this is one of which any society may justly feel proud, and Albanians have reason to be glad that the secretary's office is once more located in the city in which the meetings of the society are held and most of its business transacted. W. G. T.

**DIPHTHERIA: its Nature and Treatment**, by C. E. Billington, M.D., and **INTUBATION IN CROUP**, and other Acute and Chronic Forms of Stenosis of the Larynx, by Joseph O'Dwyer, M.D. Octavo, 326 pages. Price, muslin, \$2.50. New York: William Wood & Company.

It is safe to say that diphtheria is the most important disease before the profession. The sanitarian finds it causing many more deaths than any other of the zymotic diseases, and the practicing physician comes in contact with it at every hand. Its shocking way of not infrequently sweeping the little ones at one swoop from the family compels the interest of all. Every fresh contribution to its literature will therefore command attention.

The chapter on etiology will doubtless be the one first read by one who takes up a new book on diphtheria. In this one there will be found a fair résumé of what is settled upon to the present time. Perhaps enough stress is not laid on the portability of the disease by infected articles; it is probable that many epidemics owe their origin to this. The tendency now is to lay such weight on the accepted contagious element of causation that enough has not been said by recent writers of the part borne by bad sanitary conditions. Conceding that the tendency to regard this disease as a measure of bad sanitation is erroneous, it is still to be remembered that its propagation is greatly favored by such conditions as filth of the domicile, in which the germs develop freely. Weight is laid upon this in the chapter before us.

The chapter on pathology contains several illustrations and gives some consideration to the difference between simple membranous croup and diphtheria, in a judicious manner. Related to it is a chapter on the primary nature of the disease; also one on diagnosis, in which are four very good colored lithographs of follicular tonsillitis and various phases of diphtheria of the air passages. There is a short and well-considered chapter on prophylaxis.

The chapter on treatment is one hundred pages long. The authors have thought well to review the legion of proposed remedies, much of which might well be omitted. Their own favorite plan is with unusual unselfishness withheld, but they seem to favor the use, or to speak most highly of, the bichloride of mercury.

The concluding chapter is on intubation of the larynx, and will be read with special interest as the latest well-considered presentation of the subject by Dr. O'Dwyer. F. C. C.

**PHYSIOLOGY OF THE DOMESTIC ANIMALS.** A Text-Book for Veterinary and Medical Students and Practitioners. By Robert Meade Smith, A.M., M.D., Philadelphia, Professor of Comparative Physiology in the University of Pennsylvania. Over 400 illustrations; 938 large octavo pages; cloth \$6.00, sheep \$6.75. Philadelphia and London: F. A. Davis, Publisher.

Part I., on General Physiology, extending to page 151, treats of the structure of organized bodies and of the development of tissues and organs, of cellular physics and cellular chemistry.

The subject of Nutritive Functions occupies 540 pages, including chapters on foods and diet, on the jaws and teeth at different

ages, on digestion, a hundred pages on the blood and its circulation, with illustrations of blood-cells of man and other animals, a chapter on the physical and chemical properties of milk, milk analysis and inspection, chapters on respiration, the renal secretion, the cutaneous functions, hunger and thirst, animal heat, etc.

The third grand division treats of the Animal Functions. It explains the physiology of movement, including the chemical composition of muscle, the phenomena of muscular contraction, special muscular mechanisms; six full-page plates, of twelve to twenty figures each, illustrate the different stages of the six gaits of the horse.

The 140 pages on the nervous system are finely illustrated, and among other sub-topics include the electrical phenomena in nerves, functions of spinal cord, localization of functions in the cortex of the brain, the sympathetic nervous system, special senses, etc.

The fourth division is on the Reproductive Functions and Processes.

This is the only work of the kind in the English language, and it so fully covers every detail of general and special physiology that there is no room for any rival. The excellence of typographical work, and the wealth, beauty and clearness of the illustrations correspond with the thoroughness and clearness of the treatise.

**SYNOPSIS OF HUMAN ANATOMY.** By James K. Young, M.D., University of Pennsylvania. 393 pages, 12mo, \$1.40. Philadelphia : F. A. Davis, Publisher.

The typographical arrangement and the numerous tables are valuable for students' use, for which the book is particularly designed. This condensed form is often more convenient than a more cumbersome book and temporarily as useful.

**DIGESTIVE FERMENTS:** their Nature, Action, Quality, Dosage and Incompatibles, with Notes of Clinical Cases. Compiled from current literature of the scientific department of Parke, Davis & Co., Detroit and New York.

A description of various preparations of digestive ferments, their physiological action and clinical results. Sent on application.

## PERSONAL AND NEWS ITEMS.

—Dr. C. B. Herrick ('80), of Troy, N. Y., with his wife, sailed July 17, per steamer City of Chicago, for an eight weeks' trip in Europe, including a visit to the Paris Exposition.

—Dr. J. F. Fox, formerly of Troy, but now a resident of London and a member of Parliament, will take up his residence in this country again, either in New York or Albany.

—Dr. William Hailes, Jr. ('70), of Albany, with his wife and parents, sailed for Glasgow, July 20. He will read a paper on "Intubation of the Larynx" before the British Medical Association, at Leeds, Eng., and, after a tour in France and Germany, will return in September.

—Ephraim Cutter, M.D., LL D., F.S Sc., has received a gold medal from the Society of Science, Letters and Art of London, for his paper on "The Relations of Medicine and Music," and also for one on "Hygienic Drinks" and one on "Cleaned Whole Wheat." The first paper and the last mentioned were published in part in the ALBANY MEDICAL ANNALS.

—At the annual meeting of the Medical Society of the County of Wyoming (N. Y.), held at Warsaw on the afternoon of Tuesday, June 11, 1889, Drs. George M. Palmer, of Pike, Robert Rae, of Portageville, and Zera J. Lusk, of Warsaw, were appointed a committee of arrangements preparatory to the meeting to be held in the Cascade House, Portage, in September.

—The semi-annual meeting of the Medical Society of the County of Fulton (N. Y.) was held at Gloversville, Tuesday, June 18. "Modern Treatment of Wounds" was the subject of a paper read by Dr. M. F. Drury (A. M. C., '87), of Broadalbin. Dr. W. C. Wood (A. M. C., '81) read a paper on "Lazy Therapeutics." Miss M. Helen Cullings was admitted to membership.

—One of the bright spots in the Johnstown disaster is furnished by a member of our profession. Among the mass of shattered humanity was Dr. Matthews. He had himself sustained the fracture of several ribs; but with the loyal instinct of the right-hearted physician he devoted himself to those about him who, with broken limbs and otherwise gravely hurt, were in need of some surgical help, besides cheering them with encouraging words. In the scattered and disjointed reports we have had but a glimpse of this scene, but when the history of the great event is connectedly written, it is to be hoped that this episode will be found true and due honor given to the hero of it.

## LIST OF PERIODICALS.

[*Printed for Albany Medical Library and Journal Association.*]

## GENERAL MEDICINE AND SURGERY.

- Albany Medical Annals, Albany, N. Y.  
 Alabama Medical and Surgical Age, Anniston, Ala.  
 Allgemeine Wiener medizinische Zeitung, Vienna, Austria.  
 American Journal of the Medical Sciences, Philadelphia, Pa.  
 American Lancet, Detroit, Mich.  
 American Medical Digest, New York  
 American Practitioner and News, Louisville, Ky.  
 Anales del Circulo Medico Argentino, Buenos Aires.  
 Anales de la Real Acad., etc., Havana, Cuba.  
 Annales Médico Chirurgicales, rue Séguier, 14, Paris.  
 Annales de la Polyclinique de Bordeaux, Bordeaux, cours de l'intendance 17, France.  
 Annales de la Société Médico-Chirurgicale de Liege, rue St Adalbert, 8, Liege, France.  
 Annals of Surgery, St. Louis, Mo.  
 Annual of the Universal Medical Sciences, Philadelphia.  
 Archivos de Med. y Chirurg. de los Niños, Madrid, Spain.  
 Archivio di Ortopedia, Milano, Italy.  
 Asclepiad (The), Paternoster Row, London, Eng.  
 Atlanta Medical and Surgical Journal, Atlanta, Ga.  
 Australasian Medical Gazette, Sydney, Australia.  
 Australian Medical Journal, Melbourne, Australia.  
 Berliner klinische Wochenschrift, Berlin, Germany.  
 Birmingham Medical Review, Birmingham, Eng.  
 Boston Medical and Surgical Journal, Boston, Mass.  
 Braithwaite's Retrospect, New York.  
 Bristol Medico-Chirurgical Journal, Bristol, Eng.  
 British Medical Journal, 420 Strand, London, Eng.  
 Brooklyn Medical Journal, Brooklyn, N. Y.  
 Buffalo Medical and Surgical Journal, Buffalo, N. Y.  
 Bulletin l'Académie Royale de Med., Bruxelles, Belgium.  
 Bulletin Médical du Nord., Lille, France.  
 Bulletino della Reale Accademia Medica, Rome, Italy.  
 California Medical Journal, San Francisco, Cal.  
 Canada Lancet, Toronto, Canada.  
 Canada Medical Record, Montreal, Canada.  
 Canadian Practitioner, Toronto, Can.  
 Centralblatt fuer klinische Medizin, Bonn, Germany.  
 Chicago Medical Journal and Examiner, Chicago, Ill.  
 Chicago Medical Standard, 69 Dearborn street, Chicago, Ill.  
 China Medical Missionary Journal, Shanghai, China.  
 Cincinnati Medical Journal, Cincinnati, Ohio.  
 Cincinnati Medical News, Cincinnati, Ohio.  
 Cleveland Medical Gazette, Cleveland, Ohio.  
 Clinical Reporter, St. Louis, Mo.  
 College and Clinical Record, Philadelphia, Pa.  
 Columbus Medical Journal, Columbus, Ohio.  
 Correspondenzblatt der aertzlichen Kreis-und Bezirks-Vereine, Leipzig, Germany.  
 Correspondenz-Blatt des allgem. Mecklenburg. Aerztevereins, Mecklenburg, Germany.  
 Correspondenz-Blatt fuer schweizer Aerzte, Basel, Switzerland.  
 Covert Medical News, Covert, Mich.  
 Daniel's Medical Journal, Austin, Tex.  
 Denver Medical Times, Denver, Colo.  
 Deutsche medicinisch Wochenschrift, Berlin, Germany.  
 Deutsche Medizinal-Zeitung, Berlin, Germany.  
 Deutsches Archiv fuer klinische Medizin, Leipzig, Germany.  
 Doctor (The), New York.  
 Dublin Journal of Medical Science, Dublin, Ireland.  
 Edinburgh Medical Journal, Edinburgh, Scotland.

- l'Electrotherapie, rue de Mogador, 11, Paris, France.  
 Epitome, P. O. Box 3033, New York.  
 Fortschritte der Medicin, Berlin, Germany.  
 Gaillard's Medical Journal, 32 Beekman Plae, New York.  
 Gazette des Hopitaux, Paris, France.  
 Gazzetta degli Ospitali, Milan, Italy.  
 Glasgow Medical Journal, Glasgow, Scotland.  
 Guy's Hospital Reports, J. & A. Churchill, New Burlington street, London, Eng.  
 Hospital Gazette and Students' Journal, 20 King William street, Strand, W. C., London, Eng.  
 Index Medicus, Detroit, Mich.  
 Indian Medical Journal, Lahore, India.  
 Indiana Medical Journal, Indianapolis, Ind.  
 International Journal of Surgery and Antiseptics, New York.  
 International Medical and Surgical Synopsis, St. Louis, Mo.  
 Iowa State Medical Reporter, Des Moines, Iowa.  
 Journal of the American Medical Association, Chicago, Ill.  
 Journal of Anatomy and of Physiology, London, Eng.  
 Journal of Mental Science, London, Eng.  
 Journal of Physiology, London, Eng.  
 Journal des Sciences Médicales, Lille, France.  
 Kansas Medical Journal, Topeka, Kan.  
 Korrespondenzblatt, Dresden, Germany.  
 Lanphear's Kansas City Medical Index, Kansas City, Kan.  
 Leonard's Illustrated Medical Journal, Detroit, Mich.  
 Liverpool Medico-Chirurgical Journal, Liverpool, Eng.  
 London Lancet, 540 Pearl street, New York.  
 London, Medical Recorder, 13 Waterloo Place, London, Eng.  
 Lyon Medical, Lyon, France.  
 Maritime Medical News, Halifax, N.S.  
 Maryland Medical Journal, Baltimore, Md.  
 la Medecine Contemporaine, Paris, France.  
 Medical Age, Detroit, Mich.  
 Medical Analectic, 27 West 23d street, New York.  
 Medical Brief, St. Louis, Mo.  
 Medical Bulletin, Philadelphia, Pa.  
 Medical Chips, St. Louis, Mo.  
 Medical Chronicle, Manchester, Eng.  
 Medical Classics, New York.  
 Medical Herald, Louisville, Ky.  
 Medical Investigator, Louisville, Ky.  
 Medical Missionary Record, 118 East 44th street, New York.  
 Medical Press, Buffalo, N. Y.  
 Medical Press and Circular, 20 King William street, Strand, London.  
 Medical Record, 56 Lafayette Place, New York.  
 Medical Science, Toronto, Canada.  
 Medical Summary, Philadelphia, Pa.  
 Medical and Surgical Reporter, Philadelphia, Pa.  
 Medical and Surgical Reporter, Toledo, Ohio.  
 Medical World, Philadelphia, Pa.  
 Medicinal Zeitung, Dayton, Ohio.  
 Medicinische Monatschrift, New York.  
 Memphis Medical Monthly, Memphis, Tenn.  
 il Monitor Medico, Lima, Peru.  
 Montreal Medical Journal, Montreal, Canada.  
 Nashville Journal of Medicine and Surgery, Nashville, Tenn.  
 New England Medical Monthly, Danbury, Conn.  
 New Orleans Medical and Surgical Journal, New Orleans, La.  
 New York Medical Abstract, 79 Ann street, New York.  
 New Yorker Medicinische Presse, New York.  
 New York Medical Journal, 1 Bond street, New York.  
 North Carolina Medical Journal, Wilmington, N. C.  
 North American Practitioner, Chicago, Ill.  
 Northwestern Lancet, St. Paul, Minn.  
 Northwestern Medical Journal, Minneapolis, Minn.  
 Occidental Medical Times, Sacramento, Cal.  
 Omaha Clinic, Omaha, Nebraska.  
 Pacific Medical Journal, San Francisco, Cal.  
 Pacific Record of Medicine and Surgery, San Francisco, Cal.  
 Peoria Medical Monthly, Peoria, Ill.  
 Physicians' Leisure Library, Detroit, Mich.  
 Physicians and Surgeons' Investigator, Buffalo, N. Y.  
 Pittsburgh Medical Review, Pittsburgh, Pa.  
 Polyclinic, Philadelphia, Pa.



Post-Graduate, 12 West 40th street, New York.  
 Practice, Richmond, Va.  
 la Presse Médicale Belge, Bruxelles, Belgium.  
 le Progress Médical, Paris, France.  
 Progress, Louisville, Ky.  
 Provincial Medical Journal, Leicester, Eng.  
 Quarterly Compendium of Medical Science, Philadelphia, Pa.  
 Revista Argentina, etc., Buenos Aires, Argentine Rep.  
 Revista Médico-Quirúrgica, Buenos Aires, Argentine Republic.  
 Revue de Chirurgie, Paris, France.  
 Revue de Médecine, Paris, France.  
 Revue Spécial de l'Antisepsie, Paris, France.  
 St. Bartholomew's Hospital Reports, London, Eng.  
 St. George's Hospital Reports, London, Eng.  
 St. Joseph Medical Herald, St. Joseph, Mo.  
 St. Louis Medical Journal, St. Louis, Mo.  
 St. Louis Medical and Surgical Journal, St. Louis, Mo.  
 St. Petersburg medicinische Wochenschrift, St. Petersburg, Russia.  
 St. Thomas' Hospital Reports, London, Eng.  
 Satellite, 1231 Filbert street, Philadelphia, Pa.  
 See I Kwai Medical Journal, Tokio, Japan.  
 Southern California Practitioner, Los Angeles, Cal.  
 Southern Clinic, Richmond, Va.  
 Southern Practitioner, Nashville, Tenn.  
 Southwest Medical Gazette, Louisville, Ky.  
 Texas Courier-Record of Medicine, Dallas, Tex.  
 Therapeutic Gazette, Philadelphia, Pa.  
 Times and Register, Philadelphia, Pa.  
 Transactions of the Pathological Society of London, London, Eng.  
 Unia Medica, Rio de Janeiro, Brazil.  
 L'Union Médicale, Paris, France.  
 L'Union Médicale du Canada, Montreal, Can.  
 University Medical Magazine, Philadelphia, Pa.  
 Virginia Medical Monthly, Richmond, Va.  
 Western Medical Reporter, Chicago, Ill.  
 Weekly Medical Review, St. Louis, Mo.

Wiener klinische Wochenschrift, Wien, Austria.  
 Wiener Medizinische Presse, Vienna, Austria.  
 Zeitschrift fuer schweizerische Statistik, Bern, Switzerland.

#### CHEMICAL, MICROSCOPICAL AND SCIENTIFIC.

American Chemical Journal, Baltimore, Md.  
 American Chemical Review (Zymotechnic), Chicago, Ill.  
 American Monthly Microscopical Journal, Washington, D. C.  
 American Journal of Science, New Haven, Conn.  
 Analyst (The), London, Eng.  
 Beitrage zur Biologie der Pflanzen, Breslau, Germany.  
 Chemical News, Boy Court, Ludgate Hill, E. C., London, Eng.  
 Comptes rendus hebdomadaires des séances de l'Académie des Sciences, Paris, France.  
 Comptes rendus des séances et mémoires de la Société de Biologie, Paris, France.  
 International Standard (Anti Metric), Cleveland, O.  
 Journal of the American Chemical Society, New York.  
 Journal of the Chemical Society, Burlington House, Picadilly, W. London, Eng.  
 Journal of the Franklin Institute, Philadelphia, Pa.  
 Journal of Morphology, Milwaukee, Wis.  
 Journal of Society of Science, Letters and Art, 160 Holland Road, London, Eng.  
 Microscope (The), Detroit, Mich.  
 l'Naturaliste, 47 Rue de Bac, Paris, France.  
 Popular Science News, Boston, Mass.  
 Science, New York.  
 Scientific American, 361 Broadway, New York.

#### DENTAL JOURNALS.

American Journal of Dental Science, Baltimore, Md.  
 Archives of Dentistry, St. Louis, Mo.  
 Dental Advertiser, Buffalo, N. Y.  
 Dental Cosmos, New York.  
 Dental Headlight, Nashville, Tenn.  
 International Dental Journal, 1215 Filbert street, Philadelphia, Pa.  
 Odontographic Journal, Rochester, N. Y.

Southern Dental Journal, Atlanta, Ga.  
Texas Dental Journal, Dallas, Texas.  
Western Dental Journal, Kansas City, Mo.

## DERMATOLOGICAL AND VENEREAL.

Centralblatt, internationales fuer die  
Physiologie und Pathologie der Harn,  
und Sexual-Organen Zuelzer, Ham-  
burg, Germany.  
Journal of Cutaneous and Genito-  
Urinary Diseases, 1 Bond street,  
New York.  
Vierteljahresschrift fuer Dermatologie  
und Syphilis, Braunsweiler, Wien.

## DRUGS AND THERAPEUTICS.

American Analyst, 19 Park Place, New  
York.  
American Drug Clerk's Journal, Chi-  
cago, Ill.  
American Druggist, 56 Lafayette street,  
New York.  
American Pharmacist, Detroit, Mich.  
Apotheker-Zeitung, 104 John street,  
New York.  
Australian Journal of Pharmacy, Mel-  
bourne, Australia.  
British and Colonial Druggist, London,  
Eng.  
Bulletin Soc. Roy. Pharmacie, Brux-  
elles, Belgium.  
Doctor (The), 113 Locust street, St.  
Louis, Mo.  
Dosimetric Medical Review, New York.  
Druggist, Chicago, Ill.  
Druggists' Circular, New York.  
Ephemeris, Brooklyn, N. Y.  
Indiana Pharmacist, Indianapolis, Ind.  
Lilly's Bulletin, Indianapolis, Ind.  
Merck's Bulletin, New York.  
Meyer Brothers' Druggist, St. Louis,  
Mo.  
Moniteur Therapeutique, Paris, France.  
New Idea, Detroit, Mich.  
Notes on New Remedies, 128 William  
street, New York.  
Pharmaceutical Era, Detroit, Mich.  
Pharmaceutical Journal and Transac-  
tions, London, Eng.  
Pharmaceutical Record, P. O. Box 521,  
New York.  
Therapeutic Analyst, Norwich, Conn.  
L'Union Pharmaceutique, 7 Rue de  
Jony, Paris, France.

## ECLECTIC, ETC.

American Medical Journal, St. Louis,  
Mo.  
Chicago Medical Times, 281 Dearborn  
street, Chicago, Ill.

Eclectic Medical Journal, Cincinnati,  
Ohio.

Georgia Eclectic Medical Journal, At-  
lanta, Ga.

Indiana Eclectic Medical Journal, In-  
dianapolis, Ind.

Physio-Medical Journal, Indianapolis,  
Ind.

## EYE, EAR, NOSE AND THROAT.

Archives of Ophthalmology (Knapp),  
27 W. 23d street, New York.

Archives of Otolaryngology (Knapp), 27 W.  
23d street, New York.

American Journal of Ophthalmology,  
St. Louis, Mo.

Annales d'Oculistique, Bruxelles, Bel-  
gium.

Archiv fuer Augenheilkunde, Weis-  
baden, Germany.

Archivio Ital. di Laryngologia, Napoli,  
Italy.

Centralblatt fuer praktische Augen-  
heilkunde, Leipzig, Germany.

Journal of Laryngology and Rhinology,  
11 New Burlington street, London,  
Eng.

Journal of Ophthalmology, Otolaryngology  
and Laryngology, New York.

Ophthalmic Hospital Reports and  
Journal of the Royal London Oph-  
thalmic Hospital, London, Eng.

Ophthalmic Review, London, Eng.

Recueil d'Ophthalmologie, Paris, Fr.

Revue mens. Laryngologie, Otolaryngology  
and Rhinology, Paris.

Transactions of the Ophthalmological  
Society of the United Kingdom,  
London.

## HOMŒOPATHIC.

California Homœopath, San Francisco,  
Cal.

British Journal of Homœopathy, 170  
Fleet street, London, Eng.

Chironian, New York.

Clinique, Chicago, Ill.

Hahnemannian Monthly, Philadelphia,  
Pa.

Homœopathic League, 87 Gt. Litch-  
field St., London, Eng.

Homœopathic Physician, Philadelphia,  
Pa.

Homœopathic Recorder, Philadelphia,  
Pa.

Homœopathic World, 12 Warwick  
Lane, London, E. C.

Journal of Homœopathics, 19 Broad-  
way, New York.

Medical Counselor, Ann Arbor, Mich.  
Medical Current, Chicago, Ill.

Medical Visitor, Chicago, Ill.  
 New England Medical Gazette, Boston, Mass.  
 New York Medical Times, 526 Fifth avenue, New York.  
 North American Journal of Homœopathy, New York.  
 United States Medical Investigator, Chicago, Ill.

#### NERVOUS SYSTEM.

Alienist and Neurologist, St. Louis, Mo.  
 American Journal of Insanity, Utica, N. Y.  
 Brain, London, Eng.  
 Index and Review, Kalamazoo, Mich.  
 Journal of Mental Science London, Eng.  
 Journal of Nervous and Mental Diseases, New York.  
 Mind, London, Eng.  
 Quarterly Journal of Inebriety, Hartford, Conn.  
 Quarterly Review of Narcotic Inebriety, Gilsun, N. H.

#### OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

American Journal of Obstetrics and Diseases of Women and Children, New York.  
 Annals of Gynecology, Boston, Mass.  
 Archives of Gynecology, New York.  
 Archiv fuer Gynækologie, Berlin, Germany.  
 Archivio Italiano di Pediatria, Napoli, Italy.  
 Archives of Pediatrics, Philadelphia, Pa.  
 British Gynecological Journal, London, Eng.  
 Medical Waif, La Fayette, Ind.

#### SANITARY, VETERINARY, MEDICO-LEGAL AND MISCELLANEOUS.

American Agriculturist,  
 American Liveryman and Horse Owner, Chicago, Ill.  
 American Meteorological Journal, Ann Arbor, Mich.  
 Annals of Hygiene, Philadelphia, Pa.  
 American Veterinary Review, New York.  
 Archiv fuer Anatomie und Entwicklungsgeschichte, Leipzig, Germany.  
 Archiv fuer die gesammte Physiologie des Menschen und der Thiere, Bonn, Germany.  
 Archiv fuer oeffentliche Gesundheitspflege, Strassburg, Germany.  
 Berichte des Naturwissenschaftlich-medizinischen Vereins, Innsbruck.

Blaetter fuer Gesundheitspflege, Zurich, Switzerland.  
 Boston Journal of Health, Boston, Mass.  
 Bulletin Commercial, 7 rue de Jony, Paris, France.  
 Centralblatt fuer allgemeine Gesundheitspflege, Bonn, Germany.  
 Climatologist, Washington, D. C.  
 Colorado Weather, Colorado, Springs, Colo.  
 Concordiensis, Schenectady, N. Y.  
 Cornell University, Agricultural Bulletins, Ithaca, N. Y.  
 Country Gentleman, Albany, N. Y.  
 Engineering and Building Record, New York.  
 Food, Home and Garden, Phila., Pa.  
 Forest and Stream, 318 Broadway, New York.  
 Gesundheit. Zeitschrift fuer koerperliches, Frankfort a. M., Germany.  
 Good Health, Battle Creek, Mich.  
 Hall's Journal of Health, New York.  
 Health Journal, Deansgate, Manchester, Eng.  
 International Record of Charities and Correction, New York.  
 Journal de la Comp. Generale Transatlantique, Paris, France.  
 Journal of Balneology and Clippings, New York.  
 Journal of Comparative Medicine and Surgery, Philadelphia, Pa.  
 Journal of Dietetics, Fremont, Ohio.  
 Journal d'Hygiene, Paris, France.  
 Medicinische Bibliographie, Breitkopf & Haertel, Leipzig, Germany.  
 Medico-Legal Journal, 57 Broadway, New York.  
 Medical Temperance Journal, 337 Strand, W. C., London, Eng.  
 Nursing Record, St. Dunstons House, London, Eng.  
 Revista Italiana di Terapia e Igiene, Piacenza, Italy.  
 Revue Internationale, scientifique et populaire, des falsifications, Amsterdam, Holland.  
 Sanitarian, 113 A, Second Place, Brooklyn, N. Y.  
 Sanitary Engineering, London, Eng.  
 Sanitary Era, Box 3059, New York.  
 Sanitary Journal, Glasgow Scotland.  
 Sanitary Record, London, Eng.  
 Sanitary Reports, U. S. Marine Hospital Service, Washington, D. C.  
 State Board of Health Bulletin, Nashville, Tenn.  
 State Board of Health, Phila., Pa.  
 Texas Health Journal, Austin, Texas.  
 Trained Nurse, Buffalo, N. Y.

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## CHOLECYSTOTOMY.\*

BY W. G. MACDONALD, M.D., ALBANY, N. Y.  
(A. M. C., '87.)

Most writers on the surgery of the gall-bladder give to Petit the credit of being its founder. In 1733 he communicated to the French Academy a remarkable paper on "Tumors Formed by Bile Retained in the Gall-bladder," in which he advocated abdominal incision into the adherent gall-bladder, the attachment of the gall-bladder to the abdominal wall, and lithotomy for biliary calculus. He also gave the history of cases in which this procedure had been adopted successfully. Petit's contribution, not unlike many other ones advocating innovations in the methods of treatment, was either adversely criticized or received but little attention.

In 1859, Thudichum, in a paper published in the *British Medical Journal*, recommended abdominal section, suturing the unopened gall-bladder to the abdominal wound and opening it several days later after adhesions had formed. Between 1733 and 1859 the expectant plan of treatment had been followed, or rarely the use of caustics to secure adhesion of the parietal peritoneum to the distended gall-bladder. Others had recommended, but McDowell first performed, ovariectomy, in Kentucky, in 1807. Bobbs first performed cholecystotomy, in Indiana, sixty years later. A full report of the case may be found in the Transactions of the Indiana State Medical Society for 1868. The cystic duct was found closed and the gall-bladder distended. A small incision was made into the gall-bladder, and fifty calculi removed. The wound of the gall-bladder was united

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\* Read before the Medical Society of the County of Albany, March 27, 1889.

with a single stitch, the abdomen closed, and the patient recovered. J. Marion Sims, in 1878, first intentionally operated for gall-stones, and, although the case terminated fatally, the method of operation which he subsequently described has remained unmodified. Lawson Tait, who has operated oftenest, and with greatest success, credits Sims with having perfected the operation.

Greig Smith gives four indications for the operation—

1. Wounds and perforations of the gall-bladder.
2. Obstruction of ductus communis choledochus, or common duct.
3. Dropsy or empyema of the gall-bladder.
4. Cholelithiasis.

Wounds of the gall-bladder, whether due to traumatic causes or to the process of ulceration, have been uniformly fatal. The presence of bile in the peritoneal cavity, whether it contains, as Mr. Tait thinks, a special ferment or not, has uniformly lighted a virulent peritonitis.

Obstruction of the common duct may occur from cancer of the liver, stomach or pancreas, from intestinal parasites, from ulceration in catarrhal jaundice and subsequent stricture, and from band of lymph. However, biliary calculus is the most common cause. It is in these cases that obstructive jaundice, with its attendant symptoms, occurs.

Untreated or medicated, the histories of these cases have been, unfortunately, a source of great anxiety to the physician. The pain, the progressive emaciation, the development of the hemorrhagic diathesis and other circulatory disorders, the intolerable itching which is almost pathognomonic of obstructive jaundice, the abdominal distention, the nausea and vomiting, are often only relieved by the onset of coma, soon to be followed by death. Nor are these the only consequences. Rupture of the gall-bladder from over-distention, or gangrene of the common duct, lead to a fatal peritonitis.

Dropsy and empyema of the gall-bladder are often found in conjunction with obstructive jaundice. It is in cases where the cystic duct is occluded that we have distention of the gall-bladder without jaundice.

The use of the aspirator in dropsy or empyema of the gall-bladder is no longer regarded as justifiable. Simple aspiration has been followed by death from hemorrhage, peritonitis and enteritis. Greig Smith says: "I look upon the proceeding with no favor whatever. It can neither be curative nor of great diagnostic value."

In cases of biliary colic where jaundice and clay-colored stools are not present, we conclude if the paroxysm of pain

continues after sixty or seventy-two hours, that the calculus lies in the gall-bladder or cystic duct. Biliary colic of short duration is often unaccompanied by jaundice. (Harley.)

Finally, the fourth indication, cholelithiasis, seems to me the one which will oftenest commend itself to us.

Biliary calculi may be large and few in number, rarely single, or small and very numerous. A single large calculus may give rise to continued attacks of colic, dropsy, empyema, gangrene or perforation of the gall bladder, and to obstruction of the biliary ducts and jaundice. It may cause ulceration of the walls of the gall-bladder and discharge itself into the stomach, intestines, the bladder, the general peritoneal cavity, or externally. It may cause, secondarily, peritonitis, cholæmia, parenchymatous changes in the liver, and obstruction of the bowels. When the calculi are small, repeated attacks of biliary colic unfit the patient for work, and cause quite as much distress physically, if not mentally, as salpingitis, for which the abdomen is opened every day; nor are they free from all the dangers occurring with larger calculi. Dr. Loomis says: "In fact, we can never feel easy about a case of biliary colic." I am not unmindful that there are cases of biliary calculi that never give rise to any symptoms, that there are cases that have one or two attacks of biliary colic and then fully recover without treatment, and that there are a considerable number that are either improved or cured by medicinal agents. But, so far as my reading goes, authors dwell at length upon the treatment of the paroxysms and the preventive treatment, but do not advocate with enthusiasm or uniformity any particular method of curative treatment.

In the condition of colelithiasis it seems to me that the following conditions are indications for operative treatment:

1. Jaundice proceeding to cholæmia.
2. Repeated and severe or prolonged attacks of biliary colic.
3. Continued pain in the right hypochondrium or epigastrium.
4. Dropsy or empyema of the gall-bladder from the presence of gall-stones.

Is the operation of cholecystotomy dangerous to life?

This question can best be answered on examination of published cases. Musser and Keene (*American Journal of the Medical Sciences*, Oct., 1884), give a table of all published cases up to that time—35 in all. I have been able to find the histories of 95 other cases, with operation, making in all 130 operations, with 108 recoveries and 22 deaths. Mr.

Tait has reported in all 50 cases, with two deaths. The remaining 70 cases were operated upon by a large number of surgeons in this country and abroad. Of the cases operated upon prior to 1884, as tabulated by Musser and Keene, 25 recovered and 10 died. Of the reported cases collected from the journals, and occurring between 1884 and 1889, 83 recovered and 12 died.

A study of the causes of death in the combined table shows that 11 cases, one-half of the mortality, died from hemorrhage, exhaustion and cholæmia.

Patients that have suffered for a considerable time from obstructive jaundice are unfavorable ones for operation. Changes in the blood predisposing to secondary hemorrhages, and parenchymatous changes in the liver have already taken place, which, together with the emaciation and exhaustion, have been unusually fatal. Two deaths were due to extravasation of bile in cases where the wound in the gall-bladder had been closed by suture and returned to the abdomen, a procedure no longer advocated or adopted. Five cases died from peritonitis. In those cases difficulty was experienced in separating adhesions, or a contracted or obliterated gall-bladder complicated the operation. Keene, Parkes and others have been compelled to abandon the operation. Three died from the more serious operation of cholecystectomy, or removal of the gall-bladder. One (Gross' case) was complicated by an operation for the removal of the kidney.

The curious relation of biliary calculi to cancer of the liver is somewhat remarkable. Several cases have died secondarily from cancer of the liver.

Aside from the results in the cases where the condition of jaundice had existed for months, the results are very gratifying. It seems to me that operation must become more general in its application to the treatment of the diseased conditions found in the gall-bladder and ducts.

#### DISCUSSION.

Dr. A. VANDER VEER said: The paper presented by Dr. Macdonald is certainly a very valuable one. He gives us the history of the subject and the indications for the operation in a very clear and forcible manner. I think that one of the conditions to be observed carefully is the presence of jaundice, and it is certainly not indicative of successful cases. The absence of it is an indication that better results are likely to follow the operation. Dr. Macdonald has clearly shown this in Mr. Tait's cases. The table he has presented is especially interesting as plainly showing the increased confidence that surgeons have in the operation. To illustrate a class of cases which unfortunately go on from year to year, which have received little permanent benefit from any medical treatment,

and, as many of us know full well, die suddenly from an attack of biliary colic or from acute peritonitic perforation, or, worse yet, from the anæmia and exhaustion that follow from the prolonged pain and suffering, and the intense itching and so on that often accompanies these cases, I would speak of the following :

CASE I.—Mrs. W. N., æt. 62, widow, mother of four children, had suffered from occasional attacks of biliary colic for a period of two or more years when I was called to see her when in great agony, April 13, 1876. She had then had two or three severe attacks of suffering during the previous forty-eight hours, but was now in such great distress that, domestic remedies having failed, a physician was called. I was obliged not only to give her morphine hypodermically, but also to make use of chloroform for a short time. She was relieved, but suffered from a localized peritonitis and from the most intense itching and irritation of the skin that I have ever seen any patient suffer. On careful examination I could make out a somewhat distended gall-bladder, and could feel what I believed to be gall-stones. She was very much emaciated, never having been very fleshy, and the examination was made with the least embarrassment possible. This patient continued under treatment, suffering occasional acute attacks, but never so much pain as she had had previously. I made use of every method of treatment known, and she was one of the most loyal patients possible, and carried out all that was required, not only in diet, but in the taking of remedies. The jaundice continued most of the time, ecchymotic spots appeared more or less over the body, sometimes to disappear, and then to reappear. At no time was she comfortable for any great period. I suggested an operation, and, while she was ready herself, her children and friends would not permit it. She moved to Brooklyn, and there consulted some of the best physicians, also Dr. Parker and others of New York, but remained in very much the same condition, and died a year after—about two years from the time I saw her. The autopsy revealed a case of gall-stones, some impacted in the common duct, others in the cystic duct, and many free in the gall-bladder itself. Undoubtedly an operation in this case would have saved the patient much suffering and probably her life.

Regarding the subject of tapping the gall-bladder, I am glad the doctor has presented so clear a statement of the authorities on this subject, and that the weight of testimony is against the operation. I was led to this conclusion, as the next case will show.

CASE II.—Rev. J. G. B., æt. 45, had suffered for three months from severe jaundice coming on in acute form. I saw him on two occasions the first week in August, 1884, with Dr. C. C. Schuyler, when we thought it best to aspirate the bladder, which was done, and about eight ounces of fluid removed. Peritonitis followed, and the patient died at the end of forty-eight hours. On a post-mortem examination, fluid blood and bile were found in the peritoneal cavity, and a deposit about the common duct as it entered into the duodenum which was believed to be carcinomatous in character. My study of this case, and what I have been able to learn from the medical journals and text-books, impresses it upon me that tapping the gall-bladder is not a safe operation. It cannot be curative, and for diagnostic purposes it is altogether too dangerous. Better open at once and, if possible, relieve the point of obstruction or form a fistulous opening.

CASE III.—Miss H. N., æt. 52; family history good; native of and always lived in this city. In August she suffered very severe pain in the region of the



gall-bladder, and when I was called to see her, August 21, 1887, I found the area of dullness of the under surface of the liver very much increased, with marked tenderness and fluctuation present. Her complexion was somewhat sallow, she had lost some in flesh, stools were at times a light clay color, but bowels moved regularly. She was put upon tonics, with sufficient anodynes to control pain, and poultices were applied locally. She became more comfortable, and, what was more unusual and interesting, was the apparent resonance over the surface of the swelling, as if covered by distended intestines. Dr. Ward saw her in consultation September 23; we used the needle of the hypodermic syringe, drew some pus, and it was thought best to open in a day or two. This I did by free incision into the reddened surface, as it was believed that the adhesions were sufficient to prevent any possible escape of discharge into the peritoneal cavity. There was a discharge of pus-like fluid to the amount of eight ounces. I introduced my finger, but failed to find any gall-stones. For several days after the opening there was a very profuse discharge of a greenish-looking fluid; this gradually disappeared. The sinus has since continued to discharge a pale straw-colored fluid. She has improved very much in her general health, and is rather more fleshy than she has been for many years. It closed last October, but the distention became so uncomfortable that I was obliged to open it again, and since then she has made herself comfortable by the use of absorbent cotton dressing, and does not desire any operation for closure of the fistulous tract. At the last opening I again introduced my finger in search of any possible biliary calculi, but failed to discover them.

CASE IV.—Mrs. E. M., æt. 42, married, mother of nine children and a native of Germany, was admitted into my service at the Albany Hospital, July 22, 1888. Family history good; previous health good until thirteen years of age, when she received an injury to the spine which has always given considerable trouble. Since the injury she has been subject to epileptiform seizures. Six years ago I removed a submucous fibroid from the uterus. Lately epileptic attacks have been more frequent, and she has been wildly delirious at times. About May 1, 1888, patient had a severe attack of nausea and vomiting. An erythematous eruption appeared on the face. Bowels regular, stools clay colored, urine dark and scanty. Patient became very much jaundiced, and an intense itching occurred. She suffered very little pain until July 12, when she had severe paroxysmal pain over the region of the gall-bladder. She entered the hospital July 22, her condition aggravated, and numerous purpuric spots were observed over the chest and abdomen. The following day an incision four inches in length, commencing at the tip of the cartilage of the tenth rib, was made parallel with the linea alba; hemorrhage was very free. After dividing the peritoneum, the moderately distended gall-bladder was found and aspirated, four ounces of whitish fluid being drawn off. The liver was enlarged, darker than normal, and friable. The common duct seemed imbedded in a mass, either cancerous or inflammatory. The gall-bladder was freely opened and stitched to the abdominal walls, after which its interior was freely explored. A probe passed from the gall-bladder could not be made to enter the duodenum. Drainage was introduced, and the wound dressed with gauze and pads. Patient reacted well. There was a free discharge of bile from the drainage tube. On the morning of the second day there was a free secondary hemorrhage, which was controlled with difficulty. An

exhausting diarrhoea set in, but was controlled. The itching was immediately relieved. Jaundice did not markedly fade. Urine normal in amount, but dark colored. On third day patient became very much disturbed, and her temperature rose to 104° F., but fell again. She gradually sank and died in coma the fifth day.

Autopsy thirty-six hours after death. No peritonitis; union in wound perfect; no cancer found. The common duct was occluded from stricture due to cicatricial contracture of an ulcer within its walls.

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## OPIUM POISONING TREATED BY THE FARADIC CURRENT.\*

By J. V. HENNESSY, M.D., ALBANY, N. Y.

(A. M. C., '84.)

Owing to the powerful action and general use of opium, poisoning by it must necessarily be of frequent occurrence.

It is mainly to call your attention to the manner in which I applied the faradic current that I present to you the histories of the following cases.

CASE I.—On December 31, 1885, I was called to the police station to see W. M., a man aged 36, of dissipated habits. He had been brought in apparently drunk, and it was found that he had a deep clean-cut wound on the anterior surface of his forearm. This had been made with a razor which had been found beside him. It was to dress this that I was called. His slow and labored respiration attracted my attention, and on examination I concluded that he was suffering from opium poisoning. On my stating this, an officer remembered having seen a small bottle lying by him when he was picked up. His respirations were about ten per minute, pupils contracted. As quickly as possible I obtained a stomach tube, washed out the stomach, and gave 1-60 of a grain of atropia hypodermically. By this time his condition had become very much worse, his respiration four per minute, pupils minutely contracted, and surface cold; his pulse, however, kept up fairly well. Determined beating by policemen with their belts had no effect upon him. I then sent for a battery. By the time I received it and was ready to use it his condition had become desperate; the last few respirations had been at intervals of two minutes, and then were only irregular gasps; the surface was quite cold, he was deeply cyanotic, and was pronounced dead by the bystanders. The battery was applied with its full force, and the effects were remarkable. Within ten minutes the respi-

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\* Read before the Medical Society of the County of Albany, February 13, 1886.

rations had increased to ten per minute, the cyanosis had to a great extent disappeared, and within half an hour he opened his eyes and begged to be let alone. Within an hour his respirations were about normal; the pupils still remaining somewhat contracted, he was given 1-60 grain of atropia. At the end of two hours he kept awake during the whole time that the electrodes were applied, but on their removal would become unconscious. On one occasion, after an interval of three minutes, his respirations went down to three per minute. The electrodes were then kept steadily applied till he showed no tendency to become unconscious on their removal. This was about eleven hours after I had first seen him. He was then able with assistance to walk to St. Peter's Hospital, a distance of three blocks, and was allowed to sleep, and in a few days was as well as usual.

The manner of applying the faradic current in this case was simply to use it as a harmless irritant, the sponge electrodes being placed on the surface some distance apart, and their positions often changed. After some time a brush electrode was substituted for one of the sponges, and its irritating qualities were well attested by the appearance of the chest and abdomen for the few days following.

The vial, which was afterwards brought in, still contained a few drops of what appeared to be tincture of opium. How much he had taken I was unable to learn. Last summer this man was found dead behind a pile of lumber; an empty vial was found beside him.

CASE II.—J. M., aged 2½ years. When I saw this patient, I learned the following facts: The mother had taken the child to a physician for some trifling ailment, and had received a bottle of medicine, with directions to give a teaspoonful every four hours. On her return home she immediately gave a teaspoonful. Ten minutes later the doctor called, saying that she had received the wrong bottle. He gave the child a large draught of mustard and water, and after waiting fifteen minutes, without vomiting having occurred, left for assistance.

The child, held on its mother's lap, was breathing probably not less than ten or twelve times per minute, pupils contracted, saliva running from the partly open mouth, and making a peculiar clucking sound, I think by some motion of his tongue. I have since heard a similar sound in a child who had only a *little* too much opium.

The urgency of the case seemed to justify my remaining till the doctor's return; so I sent for a battery, and in the meantime endeavored by smart slapping, etc., to rouse him,

but without the least result. After the battery had been applied for a few minutes the child began to cry feebly, and seemed about to vomit; this lasted but a short time, and he again relapsed into a comatose condition. At this time the doctor returned, accompanied by Dr. Ward, who brought a solution of atropia. Of this we gave 1-120 of a grain hypodermically. I then learned that what the child had taken was Magendie's solution. The teaspoon used was a large one and had undoubtedly been filled, so that the dose had been at least a drachm.

At the doctor's request, and owing to the almost certainly fatal result, I took charge of the case. Within a short time the pupils were moderately dilated, but there was no improvement in the general condition. The cyanosis was marked, heart weak, and surface cold; the respirations, though never less than five per minute, were extremely shallow. Eight hours from the time I first saw him he was barely alive. The respirations were irregular and very shallow. I had given atropia twice since the first time, 1-120 and 1-200 of a grain; each time the pupils dilated and within an hour had again become contracted. I had given rectal injections of coffee, and had every few minutes aspirated with a soft catheter the mucus which rapidly accumulated in the fauces and threatened suffocation. The battery was applied during the whole time.

From this time there was slight but steady improvement. At the end of twelve hours the respirations were fairly deep and about fifteen per minute. I then stopped the battery, and did nothing but watch the patient. At the end of fourteen hours the appearance of fever was so marked that I took the temperature; after two minutes in the axilla the thermometer showed  $107\frac{3}{4}^{\circ}$ . I have no doubt that if it could have been carefully taken for a longer time it would have shown  $110^{\circ}$ . An hour later he started up, with pupils widely dilated and with all the appearance of extreme fright, and in a moment or two sank back again as if asleep; this was repeated every few minutes for half an hour. My only interference was to hold him firmly during the spasm. After this he vomited profusely and then fell asleep, disturbed only by frequent twitching. I gave bromide of potassium, 10 grains, and left the house after sixteen hours of treatment. The boy showed no after-effects, except a gastro-intestinal catarrh, caused, probably, by the mustard.

The manner of applying electricity in this case was as follows: One electrode was applied to the side of the neck and the other held in readiness over the epigastrium. By con-

stant and close attention I would catch the very first indication of beginning inspiration, or even be able to anticipate it by a second or so, and then apply the second electrode, keeping it in contact during the time of inspiration only and then immediately removing it. My idea in this was by stimulation to deepen inspiration, at the same time getting its effects as an intermittent irritant.

CASE III.—G. Y., a woman aged 36. This case possessed considerable interest for me, as the responsibility for the condition lay upon myself. I was called to see her on account of a severe gastralgia. She told me that she wanted morphia hypodermically, that she had had it frequently before, and that it required a very large amount to relieve her. I gave her half a grain and waited one hour. As she was not relieved, and as there were no symptoms from this amount, I gave her another half grain. After waiting another hour without any result, I gave one-quarter grain. After a delay of half an hour I found her still unrelieved and presenting no symptoms. I refused to give more, and left the house.

Nine hours after my last dose I was called to see her, the statement being made that she had been quiet for the last three hours. I found her cyanotic, cold, respirations about four per minute, shallow and irregular, pulse weak, rapid and irregular, and pupils minutely contracted. I gave her 1-60 of a grain of atropia, and as soon as possible applied the battery. The strongest current that I could obtain would only contract the muscles to which it was applied; and, although it was repeatedly applied to the lips and such parts as are generally most sensitive, she made no response to the irritation. Her pulse was so weak that I resorted to whiskey hypodermically. The pupils did not react to the atropia, and owing to the unfavorable conditions I hesitated to give more. The throat was kept clear by aspiration and the faradic current applied as in Case II. It was continued for seven hours, with slight improvement in respiration and color, before she would evince the slightest knowledge of its presence, and it was only after thirteen hours that I felt safe in stopping it. As soon as she was able to swallow she was given strong hot coffee. Her return to health was slow, occupying two weeks, mainly on account of the formation of an abscess at each point on her abdomen where she had received a hypodermic of whiskey. There were about thirty of them.

The points in which I have the greatest interest are on the manner of applying electricity in these cases, of which I

have not before seen mention, and on the question—were the symptoms in Case III. due to the morphia which I administered, or did she receive more? Looking back over all the circumstances connected with the case, I believe she did have more morphia. The woman had been for some months the mistress of the man who called me. He was a married man, away from home, pretending to be a widower. He called me, saying that I had better bring a hypodermic syringe and morphia with me. He evidently, from his conversation, had a better knowledge of medicine than the average layman. I gave her two half grains and one quarter grain hypodermically at intervals of one hour, without the least result. Nine hours later she is in the last stages of opium narcosis, beginning six hours after the last injection, the narcosis continuing under the severest irritation for thirteen hours! Could all this have been the result of that amount of morphia, which probably was well distributed in her circulation twenty minutes after its administration?

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### ABSTRACTA.

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**BROWN-SÉQUARD'S TESTICULAR INJECTION.**—Dr. Brown-Sé-  
quard gives, in *The Lancet*, the following account of the technique of his injections: "I have made use, in subcutaneous injections, of a liquid containing a small quantity of water mixed with the three following parts: First, blood of the testicular veins; secondly, semen; and, thirdly, juice extracted from a testicle crushed immediately after it had been taken from a dog or a guinea-pig. Wishing in all the injections made on myself to obtain the maximum of effects, I have employed as little water as I could. To the three kinds of substances I have just named, I added distilled water in a quantity which never exceeded three or four times their volume. The crushing was always done after the addition of water. When filtered through a paper filter, the liquid was of a reddish hue and rather opaque, while it was almost perfectly clear and transparent when Pasteur's filter was employed. For each injection I have used nearly one cubic centimetre of the filtered liquid. The animals employed were a strong and, according to all appearances, perfectly healthy dog (from two to three years of age), and a number of very young or adult guinea-pigs. The experiments, so far, do not allow of a positive conclusion as regards the relative power of the liquid obtained from a dog and that drawn from guinea-pigs. All I can assert is that the two kinds of animals have given a liquid endowed with very great power. I have hitherto made ten subcutaneous injections of such a liquid—two in my left arm, all the others in my lower

limbs—from May 15th to June 4th last. The first five injections were made on three succeeding days with a liquid obtained from a dog. In all the subsequent injections, made on May 24th, 29th and 30th and June 4th, the liquid used came from guinea-pigs. When I employed liquids which had passed through Pasteur's filter, the pains and other bad effects were somewhat less than when a paper filter was used."—*Med. Record*, Aug. 3.

THE SEXUAL GLANDS AS SOURCES OF ENERGY.—In a note addressed to our correspondent, dated June 28, M. Brown-Séquard says: "A communication will be made to-morrow by a Paris physician of three cases of weakness, due to old age, treated by subcutaneous injections of a liquid extracted from the testicles of guinea-pigs and rabbits. The success was as great in each of these cases as it was in myself." Our correspondent further informs us that M. Brown-Séquard regards it as important to prolong the functional activity of the testicles—a most natural corollary of his theory—and that he has even gone so far as to advise an incomplete form of masturbation, falling short of ejaculation, in two cases where there was cerebral weakness, and with most favorable results. In the article that we published on this subject two weeks ago we suggested that whatever was true of the testicles in respect to their influence over the system might also be true of the ovaries, and our correspondent adds that M. Brown-Séquard also entertains this idea, and has accordingly asked some medical women to test the question in their own persons.—*N. Y. Med. Journal*, July 20.

DR. FÉRÉ, of the Paris Biological Society, thinks that Dr. Brown-Séquard's results are due to the influence of the constitutional disturbance or lymphangitis produced by the reaction after the hypodermics. Fevers and constitutional diseases often improve the mental state in idiocy and dementia. Dr. Dumont-Pallier ascribed the result to expectancy.

THE EFFECT OF CONTINENCE ON ADULTS.—Dr. Brown-Séquard says: "It is known that well-organized men, especially from twenty to thirty-five years of age, who remain absolutely free from sexual intercourse or any other causes of expenditure of seminal fluid, are in a state of excitement, giving them a great, though abnormal, physical and mental activity."—*Med. Record*

ON THE TREATMENT OF TABES BY SUSPENSION.—Dujardin-Beaumetz tried this treatment on twenty patients, with the following results: In most cases at first an improvement is noted. The patient feels stronger, and finds incoördination diminishing; the lumbar pains are also less intense. But this improvement does not continue, and ceases after two or three weeks. In some cases failure is total, and not the slightest improvement is obtained. The author is as yet unable to say why in some cases this method is effective and in others it is a failure.

So far no experimental evidence of the improvement obtained had been given; it has been furnished by us by using Marey's method. It consists in the reproduction by photography of the attitude of a patient in walking. For this a photographic apparatus is necessary, provided with an interrupter which makes it possible to take pictures in a small fraction of a second. A healthy individual is dressed in black and made to walk before a dark background, and electric lamps are fastened to the head, the shoulder, the hip, the knee and the ankle. A series of illuminated points is thus obtained, which connected constitute a scheme of the normal walk. The same procedure, gone through with an ataxic patient, furnishes the picture of the walk peculiar to individuals afflicted with tabes. The pictures taken after the suspension has been performed several times show that the walk of the patient approaches very near to the normal. This is an absolute scientific proof of the beneficial influence of suspension.

As to the mode of procedure, the following should be remembered: It is important that the chin and nape of the neck are properly supported, and also that the patient is supported at the armpits. At first the patient should be left suspended for a very short time only—from fifteen to thirty seconds. Gradually this is increased until we arrive at the maximum of three minutes. It has been claimed that there is no danger in prolonging considerably the time of suspension, but Dujardin-Beaumetz thinks this is wrong, and might result in grave accidents.

Regarding the question as to how suspension acts in an ataxic patient, and how it is that this method not only brings about a diminution of the incoördination, but also relieves the lightning pains of patients, he says: "Against these lightning pains the elongation of the nerves has been practiced, first by Langenbach, in 1879, afterwards by Debove and Gillette, in France, during 1880. Elongation of nerves, or nephrosteny, was first used in therapeutics by Nussbaum in 1872, later on by Billroth. In 1876 Verneuil applied it to the treatment of tetanus. According to him, elongation acts like an incomplete section of the nerves. Vogt maintains that elongation produces its favorable results by acting upon the neurolemma, the pulling causing a rupture of the vessels of the neurolemma and the displacement of the nerve-fibrils in the same. I believe that suspension acts in the same way. It is probable that the sensitive cells of the marrow are changed in their molecular state.

"However this may be, it is possible in certain cases to obtain some benefits from suspension in patients with tabes, and it would be wrong not to try this method for the cure of an affection as painful as locomotor ataxy."—*Journal de Médecine de Paris*.

**INSTANTANEOUS REMEDY FOR LUMBAGO.**—Collodion, tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's hair brush.—*Peoria Med. Monthly*.



**CEREBRO-SPINAL MENINGITIS.**—Dr. McMullen: I have had in my practice, since March 10, eight cases of cerebro-spinal meningitis of the epidemic variety. The whole number of cases have existed in five families and about five squares apart. Three cases have been fatal, one after five hours after first symptoms, and one twenty-seven days after the first development of symptoms. One has recovered with the loss of the sight of one eye, and I think there will be some permanent disability of the left leg. The treatment consisted of calomel and rhubarb for purgation, and of large doses of bromide and iodide of potash. For pain, opium and belladonna were administered.

Dr. Kearns: We had an epidemic of cerebro-spinal meningitis three years ago. At that time I had a number of cases. I became convinced that quinine was the great remedy. Symptoms are combated as they arise, but as to the general treatment quinine is most efficacious. I have my doubts about its being an infectious disease.

Dr. Thomas: I have used chloral I suppose the last twelve years in cases of cerebro-spinal meningitis, and I approach these cases now with a great deal of assurance. It must be given in large doses; not in five-grain doses, nor in forty-grain doses, but in doses sufficient to control the symptoms; that is, the dose may be five grains; it may be twenty.—*Allegheny Co. (Pa.) Medical Society, May 21, 1889.*

**EXOPTHALMIC GOITRE.**—Woman, aged forty-seven years; Irish domestic; father died of phthisis at forty-five years; fifteen years ago had rheumatism and rheumatic fever, and has since had another attack. She has been readmitted to the hospital twenty-nine times; is much emaciated and has much pigmentation of the skin; has the pterygoid or alar chest; infra- and supra-clavicular depression; an overacting and hypertrophied heart; eyes very prominent and distinct; enlarged thyroid gland, which is soft and distinctly nodulated; rapid and distinct pulsations of the vessels at the root of the neck. She is suffering from exophthalmic goitre or Graves' disease. Short systolic murmur at aortic orifice; also a lesion of mitral valve. Heart hypertrophied and dilated; liver and spleen slightly enlarged, due to ague, and in fact, gentlemen, she is a regular pathological store-house. Prognosis is favorable as regards life, but not a cure. The exophthalmos can be lessened. She must be relieved from all anxiety and worry; and to accomplish this she will be put in bed for three weeks in the recumbent posture. Abundant and nutritious food and good hygiene. Quinine, in gr. x-xv dose per day, has been used to good effect. Digitalis and aconite are distinctly contra-indicated in this case. I purpose giving two remedies that have much to recommend themselves. First, tincture cannabis indicæ, min. x, three times a day, pushed to tolerance. It is given as it has a curious sedative effect, unattended

by unfortunate results. It is one of the best remedies against intestinal catarrh, as it quiets peristalsis and allows the formation of fecal masses, and thus controls diarrhœa. At the same time I will give nitro-glycerin (1 per cent. sol.) min. iij., three times a day to cause the peripheral vascular system to dilate and promote better nutrition to those parts that most need it. Will also give her inhalations of oxygen gas, two parts, and nitrous oxide, one part, three times a day.—*Wilson, Clinical Lecture, Philadelphia Hospital; Times and Register.*

**BEETROOT IN HABITUAL CONSTIPATION AND HEMORRHOIDS.**—In the St. Petersburg new periodical *Meditzina*, No. 6, 1889, p. 10, Dr. S. Kazatchkoff draws attention to the fact that a strong infusion or decoction of the common beetroot (*Beta vulgaris*; Russ. *bûraki* or *sviokla*) represents an excellent mild aperient, very much in favor with the South Russian peasantry, who resort to it especially in cases of atonic habitual constipations and hemorrhoids. It is taken in doses of from half to one tumblerful at bedtime or early in the morning about an hour before breakfast. The remedy does not cause any abdominal pain, griping or rumbling, nor does it create any tendency to consecutive constipation. On the contrary, any disposition in that direction is decidedly removed by a daily use of the decoction for a certain period. It is stated, however, that the patient's bowels get habituated to the beetroot in a week, so that, by the end of that time, the dose of the decoction should be increased, or a couple of apples a day be added. According to the author's experience, many constipated patients prefer the beetroot "juice" to castor-oil, rhubarb, podophyllin, magnesia, milk-sugar, milk, mineral waters, and similar ordinary means, used by them previously to their making acquaintance with the simple remedy under consideration.—*London Med. Recorder.*

**BROMIDE OF POTASSIUM IN OVARIAN ACNE.**—In the *Practitioner*, May, 1889, p. 346, Dr. Jamison draws attention to the value of constitutional remedies, in preference to local measures, in the treatment of some forms of acne, and especially shows the value of bromide of potassium in cases of acne coincident with ovarian irritation. The following case illustrates the experience met with by the author. A young lady, aged 22, had suffered for four years, her face being quite disfigured. Various remedies had been tried in vain. She consulted Dr. Jamison for debility and profuse menstruation every fortnight, one period scarcely over before another began. There was a good deal of pain and tenderness over the right ovary, beginning about two days before the period. She was ordered 20 grains of potassium bromide three times a day for a month. At the end of the month the face was much better and the period had not come on. She was told to stop the bromide, and in two days the period came on very

profusely, together with a fresh crop of acne on the face. The medicine was at once resumed, and the hemorrhagia, pain and backache passed off in four days; no fresh spots appeared on the face. During the second month the face steadily improved, and for the next four periods the bromide was taken just before and during their continuance; by this time the complexion was nearly clear. In several cases the author has met with similar results, and in one the bromide rash was produced; but there is no difficulty in differentiating one rash from the other, inasmuch as the medicinal rash never affects the sebaceous glands. The author concludes that amongst the causes of acne in women, ovarian congestion is one, and that when acne is due to that cause, potassium bromide is our most efficient remedy.—*London Med. Recorder.*

**ANTIPYRIN; ITS SAFETY.**—Clément (*Lyon Med.*) has given it to young children without untoward effects. The collapse which has in some instances followed the use of the drug is invariably due to its improper or inappropriate administration. He has often seen the temperature fall to  $36^{\circ}$ , and even  $35.8^{\circ}$  C., without the slightest tendency to collapse. He admits that in some instances antipyrin causes profuse perspiration, but says that this is only to be apprehended in phthisical patients. Eruptions also are by no means uncommon, but they are not as serious or as troublesome as some writers have made them appear. In most cases the eruption has seemed to be due to an idiosyncrasy on the part of the patient. He points out that the number of cases in which grave symptoms have supervened after the administration of antipyrin is exceedingly small, and he suggests that their occurrence may be a mere coincidence. He then criticises the cases in which eclampsia and death are alleged to have resulted from its use, pointing out that the doses given were very small, and that the principal symptom was anuria, which might have been, and very likely was, due to collateral circumstances. He believes that is never wise to exceed 60 or 70 grains.—*London Med. Recorder.*

**POISONING BY ANTIPYRIN.**—Müller (*Illustrated Med. News*) calls attention to a case of antipyrin poisoning. A girl, aged ten years, suffering from acute rheumatism, was given antipyrin, about eleven grains three times a day. Although the drug acted favorably on the pain and the joint affection, each dose caused an appreciable rise of body temperature with nausea and fainting. A continuance of the drug produced severe cerebral symptoms and collapse. The patient complained of irritation over the whole body, and became unconscious; for one hour she remained in a critical condition, with stertorous breathing. The face was swollen and of a bluish marble color, the lips swollen, the eyes protruding, and the conjunctivæ greatly injected. The pulse was scarcely perceptible at the wrist. On becoming conscious

again she complained of headache, giddiness, and severe pain in the chest. The symptoms here described are unusual, and antipyrin, like many other drugs, is idiosyncratic in its action.—*London Med. Recorder*.

**TOXIC ACTION OF EDIBLE MUSHROOMS.**—It is generally supposed that edible mushrooms are, under all circumstances, a safe article of diet, but some recent observations made in Switzerland appear to show that there may be danger in at least one species if preserved in the dry state. Some persons in Berne who had eaten a quantity of the mushroom known as *Helvella* (or *Morchella*) *esculenta*, which had been purchased in the dry state, were seized with abdominal pain and vomiting a few hours afterwards. It was at first thought that some poisonous species must have got mixed with the *Morchella* *esculenta*, but upon examination this was found not to be the case. A decoction of the dried plant was then examined by Professor Demme, with the result that it evidently contained a powerful poison, the behavior of which, when tested on cold-blooded animals, produced the impression that it was much more nearly allied to curare than to muscarin; the residue, when examined, was found to be inert. The toxic substance, whatever it was, appeared to have no connection with the *Helvellic* acid discovered by Boehm and Kütz in *Helvella*. Trimethylamine was prepared from a watery distillate of the dried mushroom, and the watery and alcoholic infusions contained a base which presented all the chemical and poisonous characters of neurin; the presence of other basic bodies also belonging to the group of ptomaines was suspected. The theory suggested by Professor Demme and Dr. Berlinerblau, who was associated with him in the investigation, is that the highly nitrogenous mushroom substance is capable, under special circumstances, of undergoing certain putrefactive changes which lead to the formation of products of a poisonous character bearing a close analogy to those formed during the putrefaction of animal bodies. Consequently there is a double source of danger in eating mushrooms—viz., the chance of admixture of poisonous species and the possibility of the existence of ptomaine-like bodies arising from partial decomposition having set in.—*Lancet*.

**THE USE OF SULPHUR IN VARIOUS DISORDERS OF THE ALIMENTARY CANAL AND LIVER.**—Sir Alfred B. Garrod (*Lancet*, April 6, 1889) has prescribed a lozenge which contains five grains of the milk of sulphur and one grain of cream of tartar. The stomach itself is little influenced by the sulphur, as the surface and contents of that organ are usually acid in reaction, and possess no solvent power; but in the duodenum the presence of bile and pancreatic fluid, both alkaline in reaction, forms a soluble sulphide, which is absorbed by the portal vessels, and passes first through the liver, and afterwards into the general circulation by

the hepatic vein. From the blood it afterwards becomes eliminated partly by the skin and partly by various mucous membranes. We have good evidence that it is thrown out by the skin, in the fact that silver worn close to the surface becomes blackened to some degree when sulphur is taken continuously, and the odor of sulphuretted hydrogen can occasionally be detected in the breath. The presence of the cream of tartar in the lozenge helps to prevent the formation of any soluble sulphide in the stomach, and hence the absence of sulphurous eructations. Any soluble sulphur, however, which reaches the cæcum and colon, where the reaction is again acid, is apt to evolve hydrogen sulphide, and impart odor to the contents of the lower bowel. The doses often did not exceed five grains each day, continued for weeks, months, and in some cases years.

Sulphur is of value in cases of hepatic sluggishness and in piles and hemorrhoidal hemorrhage, and in habitual constipation. It is useful in affections of the pulmonary mucous membrane, and has long had a reputation in diseases of the skin and its appendages. Some arthritic diseases, especially chronic forms of rheumatoid arthritis and gout, and also many cases of muscular rheumatism are much benefited by the continued use of small doses of sulphur.

**WHOOPIING-COUGH.**—(Tordens, *La Clinique*.) After a brief résumé of the signs and symptoms of pertussis at its different stages, the author takes up the question of treatment. He disbelieves in the efficacy of vaccination, and the use of belladonna for the purpose of checking its development, and insists upon the necessity for isolating the sufferers, with subsequent disinfection. In the catarrhal stage he recommends expectorants in an alkaline vehicle (℞ Inf. ipecac., 5 to 15 drops; sodii bicarb., 15 to 30 grains; aquæ lauro-cerasi, 15 to 30 minims; syr. Toluæ, 3 vj.; aquæ ad ʒ iij.; a dessertspoonful every two hours). Later on, bactericides are indicated—carbolic, salicylic or benzoic acid; quinine or resorcin. He speaks very highly at this period of the value of inhalations of benzoate of soda (50 to 80 grains in four ounces of water), repeated several times daily. If the attacks of cough are very severe, he suggests oxide of zinc, the bromides, hyoscyamus, cocaine, antipyrin or chloral (℞ Ext., bellad., 2 grains; ext. hyoscy., 3 grains; syr. Tolu, ʒ iij.; two or three teaspoonfuls daily. Or, ℞ Pot. brom., 3 grains; zinci oxyd., half a grain; sacchari q. s.; fiat pulv.; four or five times daily). In case of insomnia he advises chloral. In the period of decline he gives chloride of ammonium; or senega, with ipecacuhana and liquorice. Should broncho-pneumonia supervene as a complication, he prefers carbonate of ammonia in syrup of Tolu. Anæmia and debility are treated by the exhibition of cod-liver oil, ferruginous tonics, quinine, arsenic, and a liberal dietary.—*London Med. Recorder*.

**CURATIVE EFFECT OF ERYSIPELAS ON TUMORS.**—Bruns (*Monatsh. für Prakt. Derm.*, vol. viii., No. 4) relates twenty-two cases of tumors which were the seat of an idiopathic erysipelas. Amongst these cases three of sarcoma (diagnosis confirmed by microscope) were permanently cured. Two cases of multiple keloid after burns were completely cured. In four cases of lymphoma of the neck some of the glands disappeared and some became smaller. In five cases erysipelas was artificially produced. In three cases of carcinoma of the mamma one was not changed, one became one-half smaller, and one was reduced to a small induration in the scar the size of a pea. A multiple fibrosarcoma was diminished. An orbital sarcoma was unchanged.—*London Med. Recorder.*

**AN ARTIFICIAL GUM.**—The discovery, by Prof. Ballo, of Budapesth, of a means of preparing a carbo-hydrate of the empirical composition  $C_6H_{10}O_6$ , is one of great magnitude and importance, the ultimate value of which is not yet apparent. This achievement is the outcome of an attempt to reproduce the conditions under which the acids of the vegetable world are reduced by chlorophyll. Equal quantities of tartaric acid and ferrous sulphate were dissolved in a minimum bulk of water, and the solution warmed upon a water bath. The mixture is evaporated down until it solidifies on cooling, and the cold mass extracted with alcohol and again evaporated. The residue is neutralized with milk of lime, and the filtered solution again evaporated, when a viscid, sticky mass is left, resembling gum arabic in its physical and chemical properties. It does not reduce Fehling's solution, but rotates the plane of polarization to the right.—*Medical Press and Circular.*

**TEST FOR ARSENIC IN WALL PAPER.**—An ordinary gas jet is turned down until the flame is wholly blue. A narrow strip of suspected paper is cut, and the edge brought into contact with the outer edge of the flame, when a gray coloration, due to arsenic, will be seen in the flame, if arsenic be present. If the paper is burned a little, the fumes that are given off will have a strong garlic-like odor, due to the vapor of arsenious acid. At the charred end the carbon will most probably be colored a bronze red. This is copper reduced by the carbon. The copper is next slightly oxidized by the air, and on placing the charred end, a second time, not too far into the flame, the flame will now be colored green by the copper, for copper arseniate is commonly used in preparing wall papers.—*British Med. Journal.*

**TREATMENT OF CHOREA BY CEREBRAL REST.**—(Corning, of New York, in *Berl. kl. Woch.*) Not only is all intellectual effort proscribed, but even the irritation of light and sound is reduced to a minimum. Arsenic is given later on.—*London Med. Recorder.*



**THE ERADICATION OF BOVINE TUBERCULOSIS.**—At the annual meeting of the Scottish Metropolitan Veterinary Society, held at Edinburgh on February 20th, the time was mainly occupied by a discussion of a paper read at the last meeting by Mr. Storrie, on "The Measures to be Adopted for the Eradication of Bovine Tuberculosis."

Mr. Rutherford, in opening the debate, averred that there was no instance of the disease having been directly transmitted to man through the consumption of the flesh or milk of a tuberculous animal, and that unjustifiable alarm had been created. He argued that greater effectiveness would be given to the Contagious Diseases (Animals) Act if the veterinary profession were to report outbreaks of disease instead of the owners of herds.

Mr. Pottie ridiculed the idea of tubercular infection through consumption of meat or milk. At the same time he believed tuberculosis was increasing rapidly, and that something should be done to stay its progress and to protect the public from eating diseased meat of any kind.

Dr. Hunter boldly affirmed that the milk of a tuberculous cow was highly dangerous to the human subject, and that this accounted for the high death-rate among children brought up on cow's milk.

Principal Williams agreed that in all cases the flesh and milk of tuberculous animals should be condemned, and that they would never get rid of tuberculosis until it was placed under the Contagious Diseases Act, compulsory slaughter enforced, and compensation granted to owners.

The discussion closed with the unanimous adoption of the following resolution: "That, this society, thoroughly believing tuberculosis to be a systematic and contagious disease, urge upon the government (1) to stop the sale of milk from animals suspected of being affected with tuberculosis; (2) to suppress the consumption of meat from tubercular animals; and (3) to give compensation for a limited number of years."—*Lancet*.

✓ **XANTHOMA PALPEBRARUM.**—Dr. Stern recommends the application of 10 per cent. corrosive sublimate solution to the parts. A gray excoriation forms on the following day, which falls off and soon heals over. Under its action the color of the xanthoma disappears, and the same natural, flesh-like tone of color as the neighboring parts appears.

**PAINLESS DESTRUCTION OF NÆVI.**—In the case of a child aged two years, the healthy skin was first painted around the circumference of the nævus, for about half an inch, with a coating of collodion flexible; a thick layer of a four per cent. solution of corrosive sublimate in collodion was applied over the nævus. The twelfth day collodion was removed; the nævus had entirely disappeared.—*Peoria Med. Monthly*.

ALBANY

**SULPHIDE OF CALCIUM IN PHTHISIS.**—Dr. Witherle (*La Clinique*) claims to have obtained good results in the treatment of phthysical patients by the internal administration of sulphide of calcium. He commences by giving a pill containing  $\frac{1}{2}$  grain of the sulphide every two hours, and he gradually lessens the intervals between the doses until eructations or other symptoms of gastric irritation show that the limit has been reached. In most cases patients were able to take two pills every hour, and their general condition in every instance appeared to improve. This is, in reality, an indirect method of introducing sulphuretted hydrogen into the blood, and the principle is the same as that underlying Bergeon's treatment.—*London Med. Recorder*.

**ROTARY MIRRORS IN THERAPEUTICS.**—At a meeting of the Société Médicale des Hôpitaux, M. Luys, whose views on hypnotism and the allied "sciences" of suggestive therapeutics and psycho-therapeutics are well-known, related the case of a man, aged thirty-five years, who was anæmic, was tortured with toothache, had violent neuralgia, was sleepless, and was so miserable as to contemplate suicide; and yet so great is the efficacy of the revolving mirror treatment, that after eight sittings of from twenty to thirty minutes each he was cured; even a difficulty of speech from which he suffered disappeared, and his pupils, which were irregular, became normal. We smile at the absurdities of the past; what will posterity think of this?—*Medical Press and Circular*.

**COTTONSEED PRODUCT** is composed of refined cottonseed oil three-fifths and beef fat two-fifths, of lighter color than vaseline and of higher melting point than lard. Used in the kitchen in frying fish, etc., there was no empyreumatic odor filling the house, which is disagreeable to the olfactories where lard is used; pastry was perfectly sweet and bland; no disagreeable taste of lard or unpleasant sensations in the stomach. The price is very little more than of lard, while less quantity is required. Cottonseed product for ointments is preferable to lard, which is apt to granulate and become rancid and semi-liquid in warm weather.—*Dr. Sheets, Brooklyn Med. Journal*. ✓

**ANTISEPTIC MIXTURE FOR SOFT AND WAXY CONCRETIONS IN THE EAR.**—It is suggested, with the view of facilitating the removal of accumulations of wax in the external auditory meatus, that the following antiseptic preparation should be made use of: R Acid. boric., gr. 55; glycerini puriss.,  $\frac{3}{4}$  jss; aquæ dest.,  $\frac{3}{4}$  jss. This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Medical Recorder*.



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## BOOK NOTICES.

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**EXTRA-UTERINE PREGNANCY; A DISCUSSION.** Reprinted from the Transactions of the American Association of Obstetricians and Gynecologists, 1889. With an Appendix reviewing Mr. Lawson Tait's "Ectopic Gestation and Pelvic Hematocele." Philadelphia : Wm. J. Dornan, printer.

This is more than is ordinarily understood under the term reprint. It is a handsomely printed and bound book of sixty-six octavo pages, with several full-page lithographic and wood-cut illustrations.

It is made up, for the most part, of a discussion of the subject of extra-uterine pregnancy, from various points of view, by various specialists in gynecology, as seen by the following list of topics and authors :

- I. Its Pathology. By Franklin Townsend, M.D.
- II. Its Diagnosis. By Joseph Price, M.D.
- III. Its Treatment. By E. E. Montgomery, M.D.
- IV. Observations—Clinical, Pathological and Surgical. By W. H. Wathen, M.D.
- V. A Critique of its Management. By J. M. Baldy, M.D.
- VI. The Technique of the Operation. By John B. Deaver, M.D.
- VII. Its Management when the Foetus Survives Tubal Rupture and goes on to the Period of Viability. By L. S. McMurtry, M.D.

VIII. Its Treatment (concluded). By A. Vander Veer, M.D.

The discussion is opened and closed by members of the profession in this city, whose contributions to abdominal surgery have been considerable; the others are of Philadelphia, with the exception of Dr. Wathen, Louisville, and Dr. McMurtry, of Danville.

A comparison of views from men of experience on any given topic is always of value, and especially on one which, in the various developing phases of surgical procedures, is opening up into a larger subject. This published discussion will mark a point in the history of its development.

The appended article is an editorial review on Tait's views upon the subject taken from the *Buffalo Medical and Surgical Journal*, and is a well-considered chapter of the collection, probably from the pen of Dr. W. W. Potter, of Buffalo. c.

DISEASES AND INJURIES OF THE EAR: Their Prevention and cure. By Charles Henry Burnett, A.M., M.D., Aural Surgeon to Presbyterian Hospital; Consulting Aurist to Pennsylvania Institution for Deaf and Dumb; Lecturer on Otology, Woman's Medical College, Philadelphia, etc. Series of "Practical Lessons in Nursing." 154 pages, 12mo, cloth, \$1.00. Philadelphia: J. B. Lippincott Company. 1889.

The inexpert may know how to take care of the ears and how to avoid disease in them. The clear descriptions given will enable such to recognize the nature of different ear-diseases, and will prevent erroneous forms of treatment. This book makes plain that "what to avoid" is as important as "what to do." A chapter is added on the education of partially deaf children. The general practitioner may absorb much that is of value in his practice from this "nursing" book.

SWEDISH MOVEMENT AND MASSAGE TREATMENT. By Prof. Hartvig Nissen, Director of Swedish Health Institute, Washington, D. C., late Instructor in Physical Culture, etc., at Johns Hopkins University, Baltimore. 29 original wood engravings, 128 pages, 12mo, \$1.00. F. A. Davis, Publisher, Philadelphia and London.

The author claims that there is no other manual in the English language which gives any information *how to apply* the treatment to different diseases. Besides describing and illustrating the most useful movements, he gives detailed descriptions, for a long list of diseases, of combinations of movements most likely to be successfully applied to the sick-room without apparatus.

**THE PHYSICIAN HIMSELF**, and Things that Concern his Reputation and Success. By D. W. Cathell, M.D., Baltimore, Md. Ninth Edition, revised and enlarged. 298 octavo pages, \$2.00. Philadelphia: F. A. Davis, publisher.

Students will get broader ideas by perusing this book, and old practitioners will make personal application of the many practical observations. Professional tact and business sagacity will be gained by every reader. The remarkable demand has made nine editions necessary in as many years.

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### PERSONAL AND NEWS ITEMS.

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—Dr. Chas. Edgar Greenman (A. M. C., '89) is located at South Troy, N. Y.

—"Night Terrors in Children," by Dr. G. L. Ullman, in *ALBANY MEDICAL ANNALS* for June, was quoted in the *New York Medical Journal*, July 13, and in the same journal, under date of August 3, Dr. J. G. Biller, of Correctionville, Iowa, cites a case where moral suasion was ineffectual and which was cured by spanking the child—one dose.

—The fourth session of the French Surgical Congress, M. le baron Larrey presiding, will be held October 14 to 20, 1889, at Paris, in the large amphitheatre of l'Ecole de Medicine. The following topics are appointed for discussion: 1. The results, immediate and consequent, of operations for local tuberculosis. 2. Surgical treatment of peritonitis. 3. Treatment of aneurisms of the extremities. Address M. F. Alcan, editeur du Congres, 108 Boulevard St. Germain, Paris.

—Dr. Grant-Bey, Cairo, Egypt, recently gave a reception to the principal residents of Cairo, including Major-General Hon. R. H. de Montmorency, Major-General Sir Francis Grenfell (Pacha), Col. Sir Colin Scott Moncrieff, Lt.-Col. Ross, M. Rabino, etc. Dr. Grant-Bey has a world-wide reputation as an accomplished Egyptologist, and proposes to continue his work of collecting antiquities for his museum. He is preparing a descriptive list of the principal antiquities in his remarkable collection.

# ALBANY MEDICAL ANNALS.

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## ACUTE FOLLICULAR GLOSSITIS.\*

BY DAVID FLEISCHMAN, M.D., ALBANY.

(A. M. C., '81.)

Inflammation of the follicular tissue at the base of the tongue, though now a well-recognized disease, has until recently not received the recognition it deserved. Butlin says: "Under the name of 'lingual quinsy' Dr. David Craigie described, fifty years ago, an acute inflammation of the tonsils and base of the tongue," evidently recognizing the existence of inflammation of the lingual tonsil. Cohen, in his article on "Chronic Folliculous Sore Throat," mentions that "the large glands at the base of the tongue are likewise hypertrophied in many instances," and, writing on "Superficial Glossitis," says: "In other cases the glands of the tongue, especially at its base, become involved, forming the follicular glossitis of some writers." Schech makes mention of retention swellings "due to the obstruction of the glands between the tongue and the epiglottis, whose contents become greasy plugs, and which, when they burst, may give rise to fetor of the breath." Ingals writes briefly of "Acute Follicular Glossitis," in which "the inflamed follicles are located on one or both sides of the base of the tongue." Dr. H. Curtis has called attention to the influence of hypertrophy of the lingual tonsil on the singing voice, Dr. C. C. Rice on its influence in causing spasmodic cough, and Dr. J. W. Gleitsmann has written an admirable article on the subject.

The follicular glands of the tongue, more properly called the lacunar, are situated between the circumvallate papillæ and the epiglottis. Turner thus describes them: "Depres-

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\* Read before the Medical Society of the County of Albany, February 13, 1889.

sions also occur in this part of the mucous membrane, around the walls of which groups of lymphoid cells are collected in the sub-epithelial connective tissue, which have an arrangement closely resembling the structure of the adjacent tonsils, and form an example of adenoid tissue." Their presence is normal, and though usually discrete, like the glands of the Eustachian tonsil, they sometimes are collected into a group like the faucial and pharyngeal tonsil, and may properly be termed the lingual tonsil, and, like the former, are often the seat of an hypertrophic process. These glands "have no excretory duct, are closed bodies, and by their functions belong to the lymphatic system. They are of the size of a lentil, and their hilus is covered by a thin mucous membrane. Their sac contains a varying number of follicles closely resembling those of Peyer's glands of the intestines." "They generally appear at the period of puberty. In the hypertrophic state the growth is uniform, and all the parts of the gland take part. The whole gland is enlarged twice its size and more."

I have frequently met with the chronic hypertrophic condition, a case of which recently observed was very marked. The hypertrophy was irregular, and on the left side there was a smooth mass, grape-shaped, which was in contact with the laryngeal surface of the epiglottis, and caused the harassing, hacking cough, as in the cases described by Dr. Rice. The hypertrophy was removed by the cold wire snare and chromic acid was applied to the base. Where the glands are but slightly hypertrophied the application of the galvano caustic point or chromic acid is effective, but with the more prominent enlargements I have used the galvano-caustic knife. One patient, aged 37, in good health, with a number of enlarged follicles in contact with the tip of the epiglottis had absolutely no cough, but was harassed by a feeling of uneasiness at the base of the tongue, causing a constant desire to swallow. Although the hypertrophies have been removed by chromic acid and the galvano-cautery, and he has twice daily applied a solution of iodine and glycerine and latterly Leffert's solution, the sensation, though less troublesome, has not disappeared. Again, not a few instances of hypertrophy of these structures have been observed where there has been no discomfort and no consciousness on the part of the patient of any thing abnormal in that situation.

During the months of November, December and January last I treated sixteen cases of acute follicular glossitis which I wish to note briefly.

The ages of the patients ranged from fourteen to forty-seven years, and of these seven were of the male and nine of the female sex. The tobacco habit did not play any important part nor the alcohol habit. One patient was a dyspeptic, and a temporary acute indigestion increased the severity of the local difficulty. In all there was a previous chronic catarrh of the nose or pharynx or larynx, the nasal being the most and the laryngeal the least common, the latter being present in but two cases. In eleven of the cases there was an acute catarrhal pharyngitis coincident with the commencement of the tongue difficulty, and in all but one case there was an appreciation on the part of the patient of the fact that the base of the tongue was the principal seat of the trouble. The pharyngeal symptoms were of minor importance, and were the first to disappear. Why the lingual tonsil should have been especially selected I do not know, unless we look for a possible cause in the unusual atmospheric condition—an exceptional prolongation of the autumn weather. The amount of discomfort varied greatly. In some there was marked pain, increased on deglutition; in others pain was slight and intermittent. The sensation of a foreign body was complained of by a majority of the patients, though causing frequent swallowing, "empty swallowing" only in a few. There was no pain or discomfort in talking. Clearing of the throat was frequent. Cough, harassing and unsatisfactory, was present in five individuals. There was no globus hystericus, and in one only did the pain radiate to the ears.

The appearance of the affected parts varied with the extent of the inflammation. In some cases but a few follicles were inflamed, either in the center of the glosso epiglottic fossæ or laterally; in others the entire lingual tonsil was inflamed and also the circumvallate papillæ. The degree of inflammation extended from an increase of redness and slight swelling to a complete dotting of the base of the tongue with the extruded white tenacious plugs that had burst through the enlarged lacunar glands. In four cases the lingual surface of the epiglottis was in contact with one or more enlarged glands, and in two of these the tip of the epiglottis appeared imbedded in the swellings. The average duration of these acute cases was from two to three weeks. One case, that of a young man at home from college on vacation, I saw for ten days, at the expiration of which he was about well, but a fortnight later he wrote that the condition had recurred and with it all the symptoms of the previous attack, including a distressing cough, more severe at night.

The treatment of the milder cases consisted of saline laxatives and tonics, where indicated, and locally of sprays of iodide and sulphate of zinc, gr. iij-v to the ounce, of iodoform in ethereal solution and of liquid white vaseline, or these medicaments were applied on cotton, gentle pressure being used. After the more acute condition had subsided, in some cases a solution of ferric and ammoniac sulphate, a drachm to the ounce of water, was applied. In a number a solution of arg. nit., a drachm to the ounce of water, recommended by Ingals, was applied upon cotton, but it did not seem preferable to the above mentioned treatment. Before making the application of the ferric alum and nitrate of silver a two per cent. solution of cocaine was applied to the parts and this drug was found beneficial when pain was present, and only then, leaving at other times a dry condition, and increasing sometimes the feeling of a foreign body.

The cases attended by the fibrinous plugs, four in number, were treated by removing them with curved forceps and spoon and cauterizing with chromic acid or with the galvanocautery point, and cauterization was found necessary for complete cure in other cases.\*

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## REPORT OF A CASE OF TUBERCULOSIS OF THE TONGUE, OF ABSCESS OF THE TONGUE, AND OF FOREIGN BODY IN THE TONGUE.†

By DAVID FLEISCHMAN, M.D., ALBANY.

*Tuberculosis of the Tongue.*—In February, 1886, I saw in consultation with Dr. Lloyd, Mr. K., of Kingston, aged 46, who had come to Albany to seek relief by operation from a supposed malignant affection of the tongue. His father, two brothers and four sisters had died of phthisis. He had coughed for four years, had had no hemorrhage, and in the previous ten months had lost between forty and fifty pounds in weight. The tongue and pharynx had become painful simultaneously in November, 1885, and night-sweats had been constant since that time. An examination revealed cavities in both lungs and phthisis of the larynx, right side

\* REFERENCES.—Butlin: Diseases of the Tongue, 1885. Cohen: Diseases of the Throat and Nasal Passages, 1880; System of Medicine, Vol. II., 1885. Schech: Diseases of the Mouth, Throat and Nose, translated by R. H. Blaikie, 1886. Ingals: Diseases of the Chest, Throat and Nasal Cavities, 1881. Curtis, H.: N. Y. Med. Journal, Nov. 8, 1884. Rice, C. C.: The Medical Record, May 1, 1886. Gleitsmann, J. W.: The Medical Record, December 17, 1887. Turner, Wm.: Article on Anatomy, Encyclopædia Britannica, Vol. 1, 9th Edition. Lennox Browne: Diseases of the Throat, 1887, p. 209.

† Read before the Medical Society of the County of Albany, February 13, 1889.

of the pharynx and both sides of the tongue. The dorsum of the tongue was not affected. The sides were covered with grayish-yellow granular points, which in places had ulcerated. The ulcers coalescing had formed shallow but wide excavations covered with pus. Pain of the tongue was intense, and overshadowed all other discomforts. He returned home, and died suddenly a few weeks later.

*Abscess of the Tongue.*—In July, 1885, I was called in consultation to a patient aged about 30, in whose throat a specific ulcer had been cauterized two days previously with acid nitrate of mercury. The base of the tongue had been inadvertently touched with the caustic and had immediately become extremely painful. When I saw him he had a moderately high pulse, a face expressive of great anxiety, great pain, deglutition being almost impossible, but no dyspnoea. On examination the pharynx, base of the tongue and epiglottis were markedly swollen, and the affected part of the tongue was hard to the touch. On the following day he was, if there was any change at all, more comfortable. On the next morning he appeared at my office half an hour after there had been a discharge of pus from the tongue, which was immediately followed by great relief. There was a small opening on the right side of the base of the tongue, from which pus was exuding slowly and into which a probe could be passed for a half inch toward the center and into the substance of the tongue. Four days later the abscess cavity had healed.

*Foreign Body in the Tongue.*—Mr. M., aged about 50, was eating a fish-cake, in May, 1886, when he bit upon a hard object, and immediately experienced severe pain in the mouth and throat, which he could not definitely locate. A molar on the right side had been broken by the forcible bite, and a codfish bone about an inch and a half long had been driven from right to left deep into the base of the tongue. One end was protruding, and the uncontrollable swallowing was causing it to lacerate the right side of the throat. The bone was removed with little difficulty, but it was a fortnight before the lacerated throat had healed.

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AMMONIA IN THE BATH.—Nothing so quickly restores tone to exhausted nerves and strength to a weary body as a bath containing an ounce of aqua ammonia to each pail of water. It makes the flesh firm and smooth as marble, and renders the body pure and free from odor.—*Annals of Hygiene.*



## SYPHILITIC LESIONS OF THE NOSE.\*

BY LOUIS E. BLAIR, A.M., M.D., ALBANY.

(A. M. C., '80.)

The effects of syphilis, more especially the tertiary form, in the nasal cavities are so rapidly destructive and severe, if not recognized or properly treated, that I thought a report of some cases of syphilitic rhinitis and the method of treatment might have some value to the general practitioner.

The cartilaginous septum and vomer are the most frequent sites of the ulcerations, and no particular explanation can be given for the selection of these places. Frequently patients are afflicted for a long time with a tertiary sore in the nasal cavities, the surrounding parts inflame and fill up the cavity or cavities; and then, believing that they are suffering with a severe form of catarrh, the patients apply finally for relief. If the naso-pharynx, soft palate and pharyngeal mucous membrane and submucous connective tissue become infiltrated with the purulent secretions, deglutition and breathing become very much embarrassed, and, together with the intolerable fetor which is almost always a constant symptom, the sufferer believes his case a very dangerous one.

Upon examining the nasal cavity, an ulcer can be found either upon the septum, vomer, or any of the bony structures. The sore is usually deep, with irregular edges, and is covered with a yellowish, mucilaginous discharge. These secretions frequently dry like glue over the ulcer and on the surrounding mucous membrane, and, decomposing, give rise to one of the foulest and most deeply penetrating odors imaginable. If a patient has been in a small room with closed windows and doors, the stench in a short time is quite unendurable, seeming to cling to the articles of furniture, curtains, etc., and it requires liberal ventilation of the place before it entirely disappears. Besides an ulcer, there may be found, in some cases, periosteal thickening, inflammation, gummatous deposits, caries and necrosis. The latter conditions are very prevalent, especially perforation of septum and vomer, a frequent site being at the junction of the two. The destructive effect in debilitated patients is very rapid if no resistance is offered by way of proper treatment. The unsightly condition of flat nose follows from loss of support from within. The cartilaginous septum being destroyed, the tip of the nose droops, and rhinoplastic operations do not avail much to correct these deformities. On account of

\* Read before the Medical Society of the County of Albany, April 10, 1889.

the vascularity of the parts and the close proximity of the several mucous surfaces, the opportunities of multiple infection and spread of the inflammatory conditions are most favorable; and while this condition is rapid in its destructive tendencies, yet, if a vigorous treatment is instituted, the improvement very often is as rapid.

It is of the utmost importance to make a clear diagnosis of syphilitic rhinitis and then to go for the malady at once and from all sides. The following facts will often aid in making a differential diagnosis:

1. The affection rarely presents until several years after the initial lesion—sometimes as late as fifteen, twenty, or thirty years even, after infection.

2. Examine carefully into the history of the patient; look for scars with discolorations; examine the various prominent places where the glandular system is apt to suffer—the neck, the elbow, the groin, etc.; inquire as to loss of hair, etc.; as to a rheumatic history; see if there are any active signs of syphilis still about him. Examine the mouth and throat. If the mucous membrane of the anterior palatine fold is stained a deeper red than that of the surfaces, it is a strong indication, taken together with other symptoms, that the virus is far from extinct. Prof. Pick, the noted dermatologist, first called attention to this condition, and has designated it as the brick-red arch of the palatine fold. The redness starts at the tongue on each side, and fades out symmetrically as it approaches the base of the uvula, where it is absent entirely. Prof. Pick repeatedly refers to it in his clinical wards at Prague, and regards it as one of the most constant and reliable symptoms of syphilis.

3. Syphilitic rhinitis may be hereditary, but, if so, it is more apt to show itself in childhood.

4. Observe the character of the ulcer. It is deep, with softened, doughy or ragged edges, covered with a yellowish or greenish discharge, purulent and crust-forming, which adheres like glue to the same, and this, decomposing, gives rise to one of the foulest stench. This disagreeable and repulsive odor is characteristic of a syphilitic rhinitic sore, and is a most valuable point in diagnosis.

5. If there is perforation of the septum or vomer, the diagnosis must be made between lupus exedens, tuberculosis and syphilis. As regards tuberculosis of the nasal cavity, it is of very rare occurrence—much rarer, indeed, than that of the mouth, tongue, fauces or pharynx. According to Heinze, tubercle was found in the pharynx but fourteen times in twelve hundred and twenty-six cases of

pulmonary tuberculosis. The proportion also agrees with that of Guttman and Lublinski, who believe that only one per cent. of tuberculous patients are affected with its occurrence in the palate and pharynx. Lennox Browne expresses the same view. In the nose tubercle is even rarer. However, the physical condition of the patient, as learned by percussion and auscultation, together with the general cachexia and other attendant symptoms of phthisis pulmonalis, will aid in the diagnosis of the nasal difficulty. I never saw but one case of tubercular ulceration within the nasal cavity. This patient had at the same time laryngeal phthisis and also tubercular ulcerations and destruction of portions of the soft palate and base of the tongue. She died within three months after the commencement of her malady. This case was interesting from the fact that her mouth trouble had been regarded by two other physicians as that of cancer.

The tubercular ulcerations in the nose have the same characteristics as those found in the mouth. They are irregular, shallow, lenticular in shape, the edges of the sore being indefinitely marked out, slightly raised, and of a pale yellow color, while the mucous membrane immediately surrounding the sore is but slightly congested and fades out rapidly in paleness. On the floor of the ulceration can be distinguished slight papillæ bathed in a thin, unhealthy secretion of pus. Usually, however, the mouth and throat are complicated at the same time, and from other constitutional symptoms the diagnosis of tuberculosis can be made. The characteristic paleness and lifelessness of the mucous membrane and areola of the ulceration contrast strongly with the robust inflammatory surroundings of syphilis. The diagnosis can also be accurately verified by examining the secretions for the tubercle bacillus. In late syphilis the submaxillary, parotid and lateral cervical glands are not usually swollen or painful, as in the early stages, while in tuberculosis they are usually both swollen and painful. Ulcerations of the cartilage and the bony structure are due far more frequently to syphilis than to all other causes known, and if there is any doubt in the matter, it is only fair to give the patient the benefit of a thorough specific course, for this will avail more towards clearing up the doubt than any thing else, and, besides, if properly employed, can do no harm. Keyes has shown conclusively that mercury in small doses increases rapidly the number of red blood corpuscles in syphilitic patient, and is valuable as a constructive hematic agent.

The ulcerative process of lupus exedens is often mistaken for that of syphilis, and must be distinguished from it. Lupus also affects the soft palate and the skin at about the same time as it appears in the nose and the soft palate; the velum and arches are much infiltrated and thickened. Laryngoscopic examination of the larynx shows this same tubercular swelling and induration of the aryepiglottic folds and of the epiglottis itself.

Perforation of the septum is sometimes caused by atrophic catarrh, and is also caused by inhaling poisonous vapors, as those from bichromate of potash. Workers in this chemical frequently have a perforating ulcer of the cartilaginous septum. An abscess in the septum may result in destruction of part of it, or a hemorrhagic infiltration may do the same.

When the cartilaginous septum alone is perforated, there is no odor, as when necrosis of bone tissue is going on. It is the carious bone which is so foul and offensive. Syphilitic invasion of the perpendicular plate of the ethmoid or of the basilar portion of the occipital or sphenoidal cells becomes a very serious matter, and frequently a fatal inflammation of the brain results. Sometimes the antrum is opened by destruction of its nasal wall, and it is a very troublesome place to reach.

The successful treatment of syphilitic rhinitis demands constitutional as well as local remedies. Where the patient's physical condition is much reduced the reparative processes go on slowly, and very often the ulcerations grow gradually larger or remain indolent until a tonic course of treatment is added to the specific. The iodide of potassium must be given in increasing doses, beginning with ten grains and running up to thirty or forty grains three times a day. It should be given for a long time and until the point of toleration is reached. At times the iodide irritates the stomach, and then if given, as Seguin has suggested, largely diluted with an alkaline water, it is better tolerated. In all cases where it has been used for some time and in large doses it is well to watch the urine and note the quantity voided and also its specific gravity. If the urine becomes scanty and heavy, it proves that the kidneys are irritated, and the drug must be laid aside, lest a general dropsy supervene. Some preparation of mercury should be used at the same time. The best method of employing it, I believe, is by inunction. It gets rapidly into the circulation and the stomach is saved. The officinal ung. hydrarg. made with mollin or agnine, is readily introduced. One drachm of the ointment should be rubbed in thoroughly every day for six consecutive days

and have the patient omit it the seventh day, taking a warm bath instead. The surfaces of the body are selected where the skin is the thinnest, as the belly, inside of thighs, axilla and popliteal space. The mouth is to be watched for salivation or soreness, in which case the inunctions are discontinued for a brief time. This method is kept up for at least twelve weeks, when the patient is supposed to have had a thorough mercurial course of treatment.

Locally a number of remedial measures are resorted to. In case of caries of the bony structures with the characteristic foul discharges, cleansing solutions must be used at least twice a day, besides some deodorizing agent. The permanganate of potash (gr. iij-aq.  $\frac{3}{j}$ ) is perhaps the best. Iodol used with an insufflator is also a very useful drug, and has the advantage over iodoform that it is free from its disagreeable odor. If there is an ulcer of the septum or surrounding parts having an unhealthy appearance, it should be carefully curetted, after which the local remedies can act to better advantage. If necrosis has occurred, the dead portion must be removed, which is best done with a slender tenaculum or dressing forceps. If the foul discharge seems to come from a fistulous opening, a probe suitably bent will soon locate the seat of trouble, and by enlarging the opening it will be easier to get at it. The unhealthy edges are likewise cleaned off and trimmed. Occasionally the posterior border of the vomer as it looks into the naso-pharynx is involved, and it is a very troublesome thing to reach. The rhinoscopic mirror will often aid in locating the seat of the difficulty. Frequently the surrounding soft parts are very much inflamed, swollen and oedematous, rendering deglutition and nasal respiration almost impossible. The soft palate and velum, together with the arches of the palate and pharyngeal walls, are swollen, and the condition of the patient is wretched indeed. Sometimes necrosed portions of the vomer become detached during sleep and drop into the insensible glottis, and have produced alarming symptoms. Such cases are rare, but are on record. Occasionally the walls of the antrum are attacked, and it is with great difficulty that this cavity is treated from the nasal side. By extracting the first or second molar tooth and enlarging the opening if necessary, the cavity can be accurately cleansed, treated and drained, and so the healing process can be very much hastened.

There are many other remedies which have not been mentioned which are frequently employed, such as chromic acid, glacial acetic acid, a saturated solution of nitric acid

and cocaine, and the strong nitrate of silver solutions in the strength of 60, 80 and even 120 grains to the ounce. The silver solutions are not only very stimulating, but, uniting with the albumen of the tissues, form a protective covering of silver albuminate, which is very soothing and beneficial. The galvano-cautery is sometimes very usefully employed, and has also some advantages over other therapeutical means.

The following cases will illustrate some of the points mentioned in diagnosis and treatment:

CASE I.—G. E., Schenectady, æt. 32, contracted syphilis eight years ago, and I attended him three months after he had the initial lesion. There was a general eruption over the body of a macular and papular nature. Mucous patches in nose and throat and some falling out of the hair. He was put upon the red iodide, one-twelfth grain three times a day, and the sores in the mouth and nose were treated with antiseptic and stimulating washes, and healed kindly. He followed up his treatment quite faithfully for about three months, after which he became reckless and indifferent and took his medicine irregularly.

About seven months ago, after a period of seven years, he called on me and said that he had an abscess in his nose, far in, and was suffering severely from pain, inflammation and swelling. Upon examination the cavities of the nose were very nearly closed. The soft palate was very much swollen and œdematous, as were also the surrounding soft parts in the throat. Deglutition was very painful. The foul stench from the mouth and nose and the fact that the patient had syphilis pointed towards a tertiary trouble. He was put upon large doses of the iodide, with inunction of mercury and cleansing douches. In a few days the rhinoscopic mirror could be introduced, and a necrosed portion of the vomer could be distinctly seen. With suitable instruments the dead portion was removed, the soft parts were constantly cleansed, the œdema rapidly disappeared, and the ulceration improved accordingly. The patient had suffered severely for two weeks, and the destruction of the vomer and soft parts was going on very fast and would have resulted seriously had not vigorous and appropriate measures been speedily adopted.

CASE II.—N. C., æt. 50. Contracted syphilis ten years ago, and was treated for a while in an indifferent manner, and, not seeing any particular bad effects, stopped taking medicine. Had never pursued a thorough course of treatment, and had during the past years frequent relapses of the dis-

ease, such as rheumatoid pains in muscles and bones, mucous patches in mouth and nose, and periostitis of the frontal bone and tibia. Called to see me six weeks ago, and said his nose was so stuffed up that he found great difficulty in breathing, and was annoyed very much at night while sleeping, being compelled to breathe entirely through the mouth.

Upon examining the naso-pharyngeal space, there could be seen an ulceration of the vault, of the left middle and lower turbinated bones, and an inflamed and swollen condition of the soft parts. In front the nostrils were nearly closed. There was a very offensive smell. A perforating ulcer at the junction of the vomer and septum could be made out. The patient was put upon thirty-grain doses of the iodide three times a day, with inunction of mercury (one drachm) every night, and the nose was cleansed three times a day with a nasal douche and solution of pot. permanganate. After a few days the swelling reduced, and with a ten per cent. solution of cocaine the parts were numbed, and the carious portions were curetted and then dusted with iodol. In four weeks the nose seemed about well. The constitutional treatment is continued and will be for some months. I am satisfied that if this case had been allowed to go on for two or three weeks and longer the destruction of the bony structure of the nose would have been so extensive that a necessary deformity and characteristically flattened syphilis nose would have resulted.

CASE III.—Mrs. L. M., of Oswego, N. Y., æt. 41. Contracted syphilis from her husband fourteen years ago. Had usual symptoms of eruptions, falling out of hair, sore mouth, enlarged cervical glands, periostitis of frontal bone, etc. Seeing nothing in recent years, she believed that she was entirely free from her malady. Never took a thorough course of treatment.

Five months ago she noticed a swelling in the "partition" of the nose and that there was a closing up of the right nostril, and that there was also a swelling in this nostril. She consulted the physicians in her neighborhood and was told by them that she had a cancer.

I saw her twelve weeks ago. Inquired carefully into her history and learned the above facts. There were no glandular enlargements anywhere that could be traced to epithelioma. The facts which pointed to syphilis were merely her previous history, the sudden swelling, the tumor (probably periosteal), as the pain was very severe, the foul, penetrating odor of her breath, the distinct localization of the difficulty, as could be seen from the left nostril. There was a softened

area about the size of a silver three-cent piece in the septum, which the probe easily penetrated. She was put on the customary remedies. After using cocaine thoroughly the softened part was cleaned out with a Simons spoon and then cauterized, and the tumor in the right nostril was cut away with the knife of the electro-cautery. The bleeding was trifling. The parts were dusted with iodol. Irrigations daily with permanganate of potash. The surrounding parts are healthy, free from congestion or inflammation, and the patient is almost well. Prompt treatment cut short this case, which was advancing rapidly to serious consequences.

CASE IV.—L. R., æt. 37, Albany, contracted syphilis eight years ago, and did not have a thorough course of treatment. Examining his nose and mouth about six months ago, I found an ulcer of the vomer on the left side, caries of the left lower turbinated body and of the hard palate on the same side, which has become a perforating ulcer. The fetor of the breath was very intense and there was an offensive sanious discharge from the nostrils. The usual treatment was pursued, and now the patient's nose and mouth are healed and look natural, except where there is a loss of substance. The perforation of the roof of the mouth has proven very troublesome in swallowing both liquids and solids. This could have been avoided most probably had the patient had the benefit of a thorough anti-syphilitic treatment years ago.

CASE V.—C. R., æt. 27, Albany, contracted syphilis four years ago. Called to consult me in regard to a nasal catarrh. He had all the symptoms of a syphilitic rhinitis. There was extensive disease of the left lower turbinated body, which was partially destroyed, as was also a large portion of the cartilaginous septum, which allowed the tip of the nose to droop. The offensive odor of the breath was very noticeable, and it was this condition which he was so anxious to have removed. Under suitable treatment all these destructive changes were checked, and he made a rapid recovery like the other cases cited. This case of tertiary syphilis of the nose was somewhat exceptional in that it showed itself four years after inoculation.

CASE VI.—Emma W., æt. 30. Contracted syphilis nine years ago. She had been treated for the difficulty and considered herself cured. Came to me for treatment for catarrh. There was a severe inflammation of the soft and hard palate, the vomer and the lower turbinated bones on both sides. The syphilis had reappeared in the tertiary form, and was advancing rapidly in its destructive tendencies in the mouth



and nose on account of the depraved physical condition of the patient. A large slough formed in the middle line of the roof of the mouth, and when the line of demarcation was made out there was a destruction of a portion of the hard palate, not unlike that of cleft palate, and there was also a large loss of substance to the soft palate. In this case anti-syphilitic remedies failed to check the disease until a vigorous tonic course of treatment had been instituted. Had this case been seen earlier, the diagnosis of syphilis could have easily been made out, and the patient having been put upon a suitable treatment, the after-effects could have been averted. There was, of course, a marked defect in her speech, and she suffered much annoyance in deglutition of both solids and liquids.

The lesson to be learned from syphilitic rhinitis is simply this: It is a condition which occurs usually years after the initial lesion, when the patient has almost forgotten the former malady and can see no causal relation between his present difficulty and his ancient enemy. In the next place, it is well to have constantly in mind the prominent symptoms of syphilitic rhinitis when a patient says that he is bothered with a very offensive nasal catarrh with increasing swelling and soreness in the parts, because if the diagnosis is made out early and accurately, much suffering and damage may be prevented, and you will have rendered a service to your patient which he cannot lightly estimate or readily forget.

204 STATE STREET.

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## CORRESPONDENCE.

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### NIGHT TERRORS IN CHILDREN.

730 W. 21ST ST.,  
CHICAGO, Sept. 5, 1889. }

G. L. Ullman, M.D., Albany, N. Y. :

DEAR SIR—I have been much interested in your article in the *Medical Standard* [Chicago] for this month [reprinted from the ALBANY MEDICAL ANNALS, June, 1889] on "Night Terrors in Children," and would like to give you my personal experience in this respect of many years ago.

When I was five years of age and during the sixth year, I suffered from "nightmare." I sat up in bed and fancied I saw a monkey come down the chimney and fasten itself to my shoulder and bite me and terrify me so that I would scream out. My older sister would then come, wake me up thoroughly, and satisfy me that it was but a vision. Other nights I would feel a sense of oppression, ringing in ears, a sensation of perceiving something very small, which gradually at first and then rapidly assumed enormous proportions and vast whirl-

ing speed, and which I imagined whirled me off with it—a buzzing in my ears probably. Then would I feel that animals—rats—would creep over me and press heavily upon me, and I could neither move hand or foot nor speak. In the morning I would complain to my elder sister. This occurred frequently, and so frightened me that one evening at bedtime—I recollect it as if yesterday—my sister came to my bedside just as I had retired and told me that she would read a chapter out of the Bible to me, and that I would never see any of these things again—and I never did.

Later on in life I had an occasional attack of catarrhal febricula, and as soon as that unpleasant dryness of naso-pharyngeal membrane came on in my sleep I would imagine again my old visions, and with a little effort of mind would convince myself that I was asleep and dreaming, and proceed to awake myself by the only movements left to me—that is, by digging my big toe nail into the nearest part of my anatomy. Some years later on, say at twenty-five, and now, when this comes on, I experiment on myself—that is, I allow this great whirling sensation to proceed till it gets so great and stupendous and as if it would carry me off into everlasting unconsciousness, that I feel obliged to use the toe nail before I lapse altogether. This sensation is ever the precursor and accompaniment of a febrile nasal catarrh, of a very temporary nature, to which I am always subject.

The exaggeration in sleep of a transient daylight impression, an overloaded stomach or colon, worms, or general physical or mental remorse are some of the causes of this most terrible scourge of childhood.

Attend to these easily removed causes; don't allow the child to sleep by itself (as I always did), speak kindly to it at night, allow no ghost stories at bedtime, and give assurances on going to bed that these goblins have been exorcised, and I think you will remove most of the minor causes of night terrors.

Meningeal trouble, dental deficiencies, nasal, aural, nervous and structural alterations, too, demand great attention for complete cure.

I am yours faithfully,

WM. EVATT, B.A., M.D.,

University of Dublin, Ireland.

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## ABSTRACTA.

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**ALCOHOLISM.**—Dr. Charles Warrington Earle, of Chicago, who has had eighteen years' experience in a reformatory institution, and treated upwards of ten thousand cases during that time, declares that alcoholism is not a disease. Ninety-nine out of a hundred drunkards show no symptoms of disease. A man can cure himself of the habit by exercise of the will unaided by medicine, but no disease can be cured in that way. Ninety-nine out of one hundred men can reform if they will. Reformation requires a cultivation of the moral sense, a strengthening of the will, a cutting off of all evil associations and all bad habits, and total abstinence from the use of liquor. It will not do for a man to drink in moderation. Alcoholism may produce changes in

every tissue and bring about all manner of diseases, but it is not a disease itself; and a man who has drunk ten, twenty or thirty years may stop as readily as a man who has drunk only three months. Idleness and want of government are the more prolific causes of drunkenness. The most marked results of inebriety are not physical, but mental and moral. Physicians should be careful how they prescribe alcohol and morphine. The last is the more seductive. Morphine should be prescribed only in perilous cases, and not at all for trivial complaints. Dr. Earle advises that the young be educated to avoid the habits of alcoholic and opium inebriation; that work be prosecuted among those who earnestly desire reformation, and that legislation be sought for the incorrigible persons who cannot be reformed. For the latter he recommends state guardianship and two years on a farm.

**PYRODINE.**—M. Lemoine employs pyrodine in the fever of phthisis. At the dose of one grain pyrodine lowers rapidly the temperature to the normal and retains it there for several days. Not only does it lower the temperature, but it procures to the patient a sense of *bien être*. Neuralgias, gastric trouble, etc., so frequently witnessed in phthisical patients, disappear rapidly under its influence. The dose of two grains should not be exceeded in the day, as pyrodine is a toxic substance.—*Medical Press and Circular*.

**BOROCITRATE OF MAGNESIA IN URINARY CALCULI.**—Mr. N. Perez refers to the case of a boy, four years old, having a large calculus in his bladder. Before performing an operation, he tried the application of the boro-citrate of magnesia, of which he gave fifteen grains dissolved in an ounce of syrup, one to three tablespoonfuls every day. After three days of this treatment a good deal of white sediment appeared among the mucus in the urine, which continued about one month, the other phenomena disappearing.—*Cal. Homœopath.*

**SULFONAL FOR NIGHT-SWEATS.**—Boethrick recommends sulfonal for night-sweats. In the majority of cases the sweating ceases after the administration of half a gramme ( $7\frac{1}{2}$  grains). He is of the opinion that the inhibitory action of sulfonal on the secretions of sweat is not inferior to that of atropine. Its action is so lasting that during the second night (without sulfonal) perspiration was less profuse than before the institution of the treatment.—*Jour. de Med. de Paris*.

**GRINDELIA ROBUSTA** is not only the best remedy for rhus poisoning, but Dr. Gatchell says he found it in the form of a lotion a sovereign application in itching or painful erythematous eruptions. It relieves the unpleasant sensation as if by magic, and, preventing the scratching and rubbing, promotes the cure. A lotion made by mixing one part of the tincture in ten parts of water is all that is required.—*Cal. Homœopath.*

# Albany Medical Annals.

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## THE DEATH OF DR. RITZMAN.

Dr. Otto Ritzman ('79) was drowned at Carrying-Place Bay, Lake Champlain, off North Hero, on Monday morning, August 19, 1889. Dr. William H. Murray and Dr. Ritzman had left Albany on the previous Friday for a short season of fishing on Lake Champlain. The two, with a guide, were trolling at 9:30 o'clock, when Dr. Ritzman had a strike, and pulled a large pickerel into the boat. The fish escaped overboard on the opposite side. The doctor, becoming excited, rose to play the fish. He lost his equilibrium and capsized the boat. Calling out, "Doctor, hang on to the boat," he attempted to swim. The water was icy cold, about ten feet deep, and they were fully two rods from shore. Dr. Murray and the guide, as they rose from the bottom of the lake, grasped the overturned boat. They then saw Dr. Ritzman floating on his back, and, although he did not speak, they felt no alarm for him, as he was a good swimmer. Dr. Murray could not swim. By treading water the boat was guided to the shore after prolonged exertions, both survivors being well-nigh exhausted. They looked about for Dr. Ritzman, but he had disappeared without a sound. The oars were lost, and by the time another pair was secured it was too late to hope to bring life back to Dr. Ritzman's body in case it could be found.

Dr. Murray had a very narrow escape. He became entangled in the lines, one of the trolling lines being wound three times about his neck, nearly strangling him, while another part was about his arm. He had the use of but one leg, as the trolling

line of Dr. Ritzman was about the other, and at one end of it was an eight-pound pickerel. He was assisted to his boarding place in an exhausted condition. About noon William Duell, of Albany, found the body of Dr. Ritzman in six feet of water. As soon as arrangements could be made, Dr. Murray started on the return home with the body of his companion.

This is the fourth Albany physician who, within a few years, has been drowned—Dr. J. V. Lansing, drowned May 9, 1880; Dr. H. I. Fellows, August 29, 1881; Dr. John S. Delavan, August 7, 1885; Dr. Otto Ritzman, August 19, 1889.

Dr. Otto Ritzman was born in Albany in 1857. He studied with the late Dr. Swinburne and with Dr. G. L. Ullman, receiving aid from Dr. Murray. In 1879 he began practice, opening an office at 248 Washington avenue. With Dr. Murray, in 1884, he purchased the drug store of Charles Van Loon, corner of Willett street and Hudson avenue, and one year later bought Dr. Murray's interest. He was a district physician at the time of his death. In 1884 he was married to Miss Eliza Heidrick, who survives him with two children, a boy of four and a girl of three.

The deceased was popular with all classes, and the news of the affair caused universal regret.

#### MEMORIAL MEETING OF COUNTY SOCIETY.

A special meeting of the Medical Society of the County of Albany was held in Alumni Hall, Wednesday, August 21, 1889, at 12 o'clock, for the purpose of taking appropriate action in memory of the late Dr. Otto Ritzman.

President D. H. Cook was in the chair, and in the absence of the secretary, on motion of Dr. Classen, Dr. Blair was appointed secretary *pro tem*. The following physicians were present: Drs. Theo. P. Bailey, Babcock, Case, Classen, Dwyer, Fleischman, Fowler, Fennelly, Healey, Hennessy, La Moure, Mereness, Murray, Morrill, Moore, McDonald, Munson, W. J. Nellis, Perry, Russell, Skillicorn, Smith, B. U. Steenberg, Thompson, Ullman and Willard.

Dr. T. P. BAILEY moved that a committee of five be appointed to draw up suitable resolutions. It was duly seconded, and the chair appointed as such committee Drs. Wm. H. Murray, F. L. Classen, T. P. Bailey, G. L. Ullman, W. J. Nellis.

The chairman reported the following, which was unanimously adopted:

*Resolved*, That we, the members of this society, have heard with sorrow the tidings of the untimely death of our associate and friend, Dr. Otto Ritzman, on the 19th of the month, by drowning.

*Resolved*, That in this mournful event we lament the loss of a colleague who has, in the practice of his profession, done honor to his calling by his zeal and learning.

*Resolved*, That we deeply sympathize with the family of our deceased friend in their bereavement.

*Resolved*, That we attend the funeral as a mark of respect.

*Resolved*, That a copy of these resolutions be transmitted to the family of the deceased and spread on the minutes of the society.

After remarks by President Cook,

Dr. G. L. ULLMAN said:

Mr. President—It is with feelings of deep regret that I rise to add my tribute to the memory of him we meet to mourn. Knowing Dr. Ritzman as well as any in the profession—knowing him as a student, as a fellow practitioner and as a friend, I pray you pardon me, sir, if in what I say I seem wearisome, and beg you let me “Give sorrow words.”

In 1877 Dr. Ritzman entered my office as a student; and as to enter his chosen profession meant the giving up of what had before gained his livelihood, his struggle to get his degree and keep soul and body together in striving for it, is better understood than expressed. But he was a man who, when determined upon the accomplishment of a given object, let no obstacles stand in his way, no matter what the labor, so long as success was honestly won.

His course in college was noted for studious attention and steady application. His career, since he took his place in the ranks of the profession he loved, has been such that naught but pleasure can be given those who in their grief recall his deeds of kindness and faithful work. He made no effort to attract the applause of the multitude, but ever held himself ready to aid whoever might call, and recked not where or for whom his skill was needed.

But, Mr. President, I can but cry, “Down, thou climbing sorrow,” and best in silence mourn for him who was so close, and now is not.

Dr. F. L. CLASSEN said:

Mr. President and Members of the Society—I wish to add a few words of tribute to the memory of Dr. Ritzman. His sterling worth as a man and his gentlemanly characteristics endeared him to every one. He was frank in his conversation, with no deception in his manner, always genial and pleasant. As a Mason he was most enthusiastic, taking more than ordinary interest in the order. We speak of an untimely death; this *was* an untimely death! After struggling through the first years of anxious waiting, and just as the future seemed about to dawn brightly upon him, he was called away. Death claimed him as his own, and it becomes us to bow in humble submission to what seems a sad dispensation of Providence.

Dr. W. H. MURRAY narrated the particulars of the melancholy event.

Further remarks were made by Drs. H. E. Mereness and L. E. Blair.

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## BOOK NOTICES.

TRANSACTIONS OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Vol. I., pp. 348. Wm. Dornan, Printer, Philadelphia. 1888.

The subject of this review is another evidence of the great activity and earnestness which exists in the profession. Not only in the hundred subjects of abdominal surgery, obstetrics and gynecology, but in all other medical departments has there been increased interest and diligent research. For this reason, societies have increased in numbers and in usefulness. Within limits, numerous societies are beneficial, for the membership of none is likely to become unwieldy, and discussion is then rarely relegated to the few.

The American Association of Obstetricians and Gynecologists has been very fortunate in its membership, being made up largely of men in the most active period of their lives—a time when men seek to improve old and defective, and to devise new and successful methods of treatment. But no just estimate can be put upon the value of any society but by the worth of the work done by it. Measured by this standard, many of the papers contained in this volume, to my mind, show that the society will not only be of incalculable value to its members, but to the profession at large.

The papers of Drs. Price and Cushing, together with the discussion, give clearly the indications and methods of abdominal and pelvic drainage, both subjects which have often been most vexatious to surgeons.

The treatment of peritonitis by abdominal section, by Drs. Myers and Montgomery, brings out clearly another resource in treatment which, until recently, has not been employed, however rational it may seem.

Fibroid tumors of the abdominal walls is another subject with very meagre literature in the English. The condition is very well illustrated by Dr. Edward J. Ill, with method of treatment and table of cases, the value of which is greatly increased by the paper of Dr. C. A. L. Reed.

Obstetrics has not been neglected. Dr. Thomas Opie has a very timely paper on the frequent use of forceps. America has already received the name of being the country of the "low forceps operation." There can be no doubt that the forceps are often applied in this country when the indications, save that the obstetrician is in a hurry, are not very clear.

Extra-uterine pregnancy, a discussion, fills the final fifty pages of the Transactions. The whole ground has been covered, and in the main represents a *résumé* of the opinions held by the best American obstetricians and abdominal surgeons. Yet there are opinions expressed in the discussion which are very capable of being controverted, I am sure. For example, "I consider the diagnosis beyond the reach of man;" and, in speaking of laparotomy, the same speaker said: "No case of death has ever been reported as due to the knife." Again, the speaker, who deals with the technique of the operation, although occupying a considerable space, is not very clear in his treatment of some very essential elements—the control of hemorrhage and the

management of the placenta. All in all, his method of performing laparotomy for extra-uterine pregnancies may be epitomized as—the way to do it *is to do it*. Two of our fellow-laborers in this city contributed to the discussion, Dr. Townsend on the pathology and Dr. Vander Veer on treatment. Dr. Townsend's paper, while not agreeing with the pathology given by Tait and his followers, undoubtedly contains much more that is true. It, together with Dr. Vander Veer's paper, has already been published in the *ANNALS* in full.

The association is to be congratulated in having so able an editor for its Transactions as Dr. W. W. Potter of Buffalo. It is remarkably free from typographical errors. MAC.

**INEBRIETY: ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE.** By Norman Kerr, M.D., F.L.S., Fellow of the Medical Society of London; President of the Society for the Study of Inebriety, Chairman British Medical Association, Inebriates Legislation Committee, etc. Second Edition, 471 pages. H. K. Lewis, Publisher, 136 Gower street, London, W. C. 1889.

This is an attractive book, beautifully printed, with marginal captions, and written in easy style.

The distinguished British author is one of those who take the view that inebriety is a true disease. He says (page 6) "there is a departure from health, in the form of some obscure condition of the nervous system, which craves for the temporary relief afforded by some stimulant or narcotic." Now, there is nobody who, especially in times of fatigue and exhaustion, is not the subject of an "indefinite craving" for "just the right thing," and it is true that "a departure from health which craves," etc., may *lead to* inebriety; but can such an occasional "departure from health" properly be said to *constitute* inebriety?

Again, heredity is a point on which stress is laid by Dr. Kerr and others. But there is probably no one who, within three or four generations past, has not had some relatives who were not teetotalers.

Under each one of these heads, therefore, the whole world is included, and it may be that the author considers that everybody is in the pathological state of inebriety in a latent form, and that the overt act of drinking merely makes manifest additional symptoms of "the disease inebriety," which disease was just as truly in existence before.

If this is so, has there then ever been a cure of inebriety?



**A TEXT-BOOK OF HUMAN PHYSIOLOGY**, including Histological and Microscopical Anatomy, with special reference to the requirements of Practical Medicine. By Dr. L. Landois, Professor of Physiology and Director of the Physiological Institute, University of Greifswald. Third American, translated from the sixth German Edition. With additions by William Sterling, M.D., Sc.D., Brackenburgh Professor of Physiology and Histology in the Owens College, and Professor in the Victoria University, Manchester; Examiner in Physiology, University of Oxford. 692 illustrations, 974 pages, octavo, cloth, \$6.50. Philadelphia: P. Blakiston, Son & Co. 1889.

The most thorough in scholarship, the most full in information, the most extensive in scope, the most convenient in form and arrangement, and the most advanced in modern research—this volume stands as a grand monument of the degree of evolution now attained in the science of which it treats.

The price of the book is as nothing compared with the labor and expense of its authorship and preparation, or when compared with the *quid pro quo*.

The work of the publishers is admirably done; bold head-lines, and varieties of type, and a good index, make reference easy.

**OBSTETRIC NURSING.** By Theophilus Parvin; M.D., Jefferson Medical College, Philadelphia. 104 pages, 12mo, cloth, 75 cents. Philadelphia: P. Blakiston, Son & Co.

These lectures were recently delivered in the Philadelphia Hospital Training School for Nurses, and have not been printed in any other form. Many useful hints are given, as useful for physicians as for nurses.

**DYSPEPSIA.** By Frank Woodbury, A.M., M.D., Philadelphia. Physicians' Leisure Library. 82 pages, 12mo, cloth, 25 cents. Detroit, Mich.: George S. Davis.

The possession of more light than ever before may enable us to hope that the days of empirical treatment are almost at an end.

**REPORT OF WILLIS G. TUCKER, M.D., PH.D., ANALYST OF DRUGS.** From Ninth Annual Report of State Board of Health of New York.

This valuable report contains analyses of twenty-one drugs, purchased at sixteen different places in the state, and an investigation of cigarettes, and of thirty-two "substances commonly sold for the destruction of vermin."

## MEDICAL NEWS.

## ALBANY MEDICAL COLLEGE.

Professor Albert Vander Veer is to deliver the Introductory Lecture of the fifty-ninth session, on Tuesday, September 24, at 12 M. Indications point to a full attendance and a large graduating class.

## THE ALBANY COLLEGE OF PHARMACY.

The eighth course opens Monday evening, October 7. Introductory Lecture by Prof. G. Michaelis, Ph.G.

## AMERICAN PUBLIC HEALTH ASSOCIATION.

The seventeenth annual meeting of this association will be held in the hall of the Brooklyn Institute, Washington and Concord streets, Brooklyn, N. Y., October 22, 23, 24 and 25, 1889.

Addresses of welcome will be delivered by Hon. Alfred C. Chapin, mayor, on behalf of the city, and by Alexander Hutchins, M.D., on behalf of the medical profession.

The following topics have been selected for consideration at the meeting:

- I. The Causes and Prevention of Infant Mortality.
- II. Railway Sanitation.
  - (a) Heating and ventilation of railway passenger coaches.
  - (b) Water-supply, water-closets, etc.
  - (c) Carrying passengers infected with communicable diseases.
- III. Steamship Sanitation.
- IV. Methods of Scientific Cooking.
- V. Yellow Fever.
  - (a) The unprotected avenues through which yellow fever is liable to be brought into the United States.
  - (b) The sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever.
  - (c) The course to be taken by local health authorities upon the outbreak of yellow fever.
- VI. The Prevention and Restriction of Tuberculosis in Man.
- VII. Methods of Prevention of Diphtheria, with Results of such Methods.
- VIII. How far should Health Authorities be permitted to apply known Preventive Measures for the Control of Diphtheria?
- IX. Compulsory Vaccination.
- X. Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions.

A free exhibition of sanitary goods and appliances in another large hall close by, including *every thing available* adapted to the

promotion of health, of articles pertaining to the dwelling, schools and education, factories and workshops, clothing, food, sanitary engineering, public health administration, the meteorological and biological laboratory, Red Cross section, etc.

J. H. Raymond, M.D., Brooklyn, Chairman Executive Committee.

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#### ENCOURAGING SCIENCE.

The Vermont Microscopical Association has just announced that a prize of \$250, given by the Wells and Richardson Co., the well-known chemists, will be paid to the first discoverer of a new disease germ. The wonderful discovery by Prof. Koch of the cholera germ, as the cause of cholera, stimulated great research throughout the world, and it is believed this liberal prize, offered by a house of such standing, will greatly assist in the detection of micro-organisms that are the direct cause of disease and death. All who are interested in the subject and the conditions of this prize should write to C. Smith Boynton, M.D., Secretary of the Association, Burlington, Vt.

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#### PERSONAL.

—Dr. Marion R. Smith ('89) is practicing at McGrawville, Cortland county, N. Y.

—Dr. Maurice J. Lewi ('77) was married to Miss Rose Saul, daughter of Julius Saul, at Albany, September 4, 1889.

—Dr. Horace Tracy Hanks (A. M. C., '61) has removed to 766 Madison avenue, New York city. Hours: 11½ A. M. to 2½ P. M.

—Dr. F. J. Merrington ('80), Defreestville, died suddenly of tetanus, August 14, 1889. A fuller notice is expected next month.

—Dr. W. H. Bailey ('54), of Albany, is absent for a month, on a tour, via Canada Pacific Railroad, to the new world on the Pacific slope.

—Dr. Ephraim Cutter, of New York, responded for America, at the banquet of the British Medical Association, to the toast "Our Guests." Dr. Cutter also read on "Galvanism of Uterine Fibroids," closing the discussion on the same, and demonstrated on the screen his slides of microphotographs of healthy and diseased morphologies, of blood, sputum, etc., which he and Dr. G. B. Harriman, of Boston, took in 1876 with Tolles' superb 1-5, 1-10, 1-16, 1-50 and 1-75 inch objectives.

# ALBANY MEDICAL ANNALS.

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OCTOBER, 1889.

No. 10.

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## FIFTY YEARS IN THE HISTORY OF THE ALBANY MEDICAL COLLEGE.\*

BY ALBERT VANDER VEER, M.D., PH.D., ALBANY,  
PROFESSOR OF DIDACTIC, ABDOMINAL AND CLINICAL SURGERY, ALBANY MEDICAL COLLEGE.

Gentlemen—The custom of this college demands that at the opening of each annual course of lectures there be delivered by some member of the faculty, in the presence of students and learned professors, an introductory lecture. Another year has come and gone since we gathered here on such an occasion, and now, in obedience to the custom just referred to, I appear before you for the second time as the victim to this usage. I rejoice in the privilege afforded me to again meet you as students of the Albany Medical College in the first hour of the beginning of another course of lectures. There have been few, yet exceedingly sad changes among your teachers since I occupied this position ten years ago, and there have also been many sorrowful changes among your numbers during that time. During the past semi-centennial year references so just and appropriate have been made to the faculty, especially to all of the deceased members, that it is not my intention to recall the names of the worthy departed men who once taught in this institution. I could not do them justice if I were to try; but of the impress they left upon the profession, society and the state, of the advantages they had at their command for teaching, and of some of the changes that have occurred in fifty years—the time since this college was chartered—I desire to speak. The review must necessarily be somewhat brief, as lack of time has prevented my delving into all the secrets, the discoveries, worthy and unworthy, successful

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\* Lecture introductory to the fifty-ninth course, Albany Medical College, semi-centennial year, September 24, 1889.

and unsuccessful, that have come before us as a profession during the past half century.

First let me emphasize the fact that few colleges were ever organized in whose faculties were to be found men destined to fill so well their respective positions, and to leave their stamp of work well done so earnestly and emphatically upon the profession and generation of their day, as the original teachers, or appointees, in this institution. They were men of honesty of purpose; they were truthful to themselves and to their charge in trust; they were men of character, and did, in their day and time, thoroughly well that which was given them to do. You must bear in mind that they did not have at their command the very excellent museum we now possess (and the collection of which has been largely the result of their labor) to assist them in their early teachings. Neither had they laboratories and hospitals wherein investigations could be made on doubtful points, and experimental medicine carried on. But I would that every faculty of all medical colleges might be able to do as good work in punctual attendance upon lectures and in a conscientious presentation of facts as did they. Look at the record made by their graduates throughout this broad land in civil and military life, and see if you do not recognize the stamp and evidence of wholesome work having been done by their teachers.

Concise and simple are the words that tell us of the creation of this world, pregnant with its possibilities of beauty, grandeur and vitality. All are presaged in the words, "God created." The beginning made all that followed possible. Fifty years ago there was a beginning in this city, the beginning of that which has grown to such proportions that it may well challenge admiration and respect. Fifty years! More than a generation have come and gone since the thought of this institution had its birth. Save one, all those who worked for its inception, who loved it in its beginning, who gave to it the best work of their heads and their hearts, have passed away, but the result of their labor gladdens our hearts this day.

There is now, there has been in the past, and I fear there will always be in the future, two classes of medical colleges—one for thorough, careful, reliable work amongst its students, the other, seemingly, for the purpose of advertising its professors. The latter do as little for, and expect as little from, their students as is possible. They desire no progress; they are content to pose as members of the faculty of a medical college. Such are not the men who constituted the first

faculty of this college. The founders of this institution saw distinctly that the day of country medical schools was drawing to a close, and that to teach students well they must have certain clinical advantages in medicine and surgery, made up in part of dispensary and hospital work. Some had brought their ideas from parent colleges in the Old Country; others had studied in foreign lands, and knew what was best for the coming medical man. They were prepared and determined to teach not only what there was of scientific medicine, but they did also teach its earnest and practical truths. Had they lived so long as to be teaching at the present time, they would not only have taught their students to recognize a tubercle bacillus or a spindle-shaped cell, but in addition would not have had them confound a case of herpes zoster with that of scabies, or send a case of acne to the small-pox hospital, illustrations of which our secular and medical journals occasionally fasten upon our great medical centres. In a word, they endeavored to send out well-equipped practitioners equal to great emergencies, and not made to look foolish by errors of judgment in everyday practice.

The professor of surgery was among the first, if not the first, to establish in this country a clinic for examination of patients before the class and for operation. And that clinic was begun and continued in this very amphitheatre for nearly forty years.

But the friends of the Albany Medical College were not content nor idle; they knew too well the importance of having a well-organized hospital, and by earnest effort, aided by generous citizens, the sum of nearly forty-five thousand dollars was raised by subscription, and a temporary building was leased on the corner of Dove street and Madison avenue.

Here the Albany Hospital commenced operations April 11, 1849, with about twenty patients, and continued successfully for two or three years, when the old part of the present building was secured, it having been built by the county and used as a jail. This building has since had two additions built to it—the Howard street wing in 1864 or '65, and the Eagle street portion in 1870 and '71.

In Great Britain, over the doors of many of the hospitals you will see printed in large letters, "Supported by voluntary contributions." Such may be said to have been largely the history of the Albany Hospital. In 1865 there was established in connection with it a pay-patient department, where patients who could afford the extra expense could enjoy treatment in private rooms, giving them all the comforts of

home life. This feature has been a success, and has aided materially in the income of this institution. The out-door department, or dispensary, was organized in 1865, and in it have been treated a vast number of worthy charity cases. Thus it will be seen that this one hospital has increased from twenty patients, or beds, up to nearly 120, enhancing very decidedly the teaching advantages of our medical college. The last report for 1888 shows the whole number treated during the year in the hospital to have been 1,587. Of these, the whole number of surgical operations in the general department was 419; number of surgical operations in the eye and ear department, 105; number of surgical operations in the obstetrical and gynecological department, 65; and of fractures and dislocations there were nearly 200. In the dispensary, for the same time, there were treated 1,250 surgical cases, and of medical cases, 1,749; of diseases of the skin, 397; gynecological cases, 450; diseases of children, 61; throat and nose 252; and diseases of the eye and ear, 2,734, making a total of nearly 7,000 patients treated at the dispensary, and nearly 5,000 prescriptions prepared. This does not include a large number of medical, surgical and special cases that are brought daily to the different clinics for diagnosis, operation and treatment, and of which no full and continuous record has been kept. The entire annual cost of running the hospital is nearly or quite \$27,000. Thus you see this institution, so ably managed by a Board of Governors, in whom the citizens of Albany have all confidence, and, aided by a faithful medical and surgical staff, is made a strong right arm to assist the teaching that pertains to our medical college.

During 1869, St. Peter's Hospital was founded, and has since rendered great aid in clinical instruction and dispensary work. At this time Mrs. Peter Cagger, with a view to establishing a lasting memorial to her husband, whose intention to endow such a charity was cut short by his sudden death, contributed \$10,000 for this object. The building on the corner of Broadway and North Ferry street (the residence of the late Stephen Van Rensselaer, which had been used several years as St. Vincent's Orphan Asylum) had become vacant in consequence of the removal of the Asylum to another place, and an arrangement was made whereby this building was transferred to the Sisters of Mercy, to whose patronage and care the hospital was committed. In the autumn of 1869 the necessary alterations and repairs of the building were made, and the hospital was opened for the reception of patients on the first of November. It contained

thirty-three beds in the general ward and two rooms for private patients. A dispensary for out-door patients was established at the same time. The accommodations at this time were limited and imperfect, but the well-directed zeal of the sisters in charge made up for all deficiencies, and the institution soon acquired public confidence and favor. The hospital started from this modest beginning and grew rapidly in usefulness and importance until 1872, when it was determined to improve and enlarge its internal arrangements. This work was carried on during the winter of '72 and '73, and was completed the following spring. An addition of 40x60 feet was erected on the South side of the old building, by which its capacity was more than doubled, and the whole of the interior of the old building was remodeled with reference to convenience and ventilation. The three general wards afford room for twenty beds each, and there are twenty-two private rooms. There are ample accommodations for the dispensary and for surgical operations (much having been done by the faculty of this college), and the whole establishment is well equipped, and only needs further pecuniary aid for its current expenses in order that its capacity for doing good may be fully developed.

During the past year there have been treated (as nearly as I have been able to learn) 297 patients in the medical department; in the surgical department, 120; eye and ear department, 29; obstetrical department, 27; and the number of surgical operations in the eye and ear and obstetrical departments for the same time, 21; fractures and dislocations, 41; births, 11; making a total of 546 cases (approximate estimate) treated in the general department for the year. During the same time there were treated in the dispensary 547 surgical cases; medical cases, 2,325; diseases of women and children, 905; obstetrical cases, 55; throat and nose, 395; eye and ear, 741; skin diseases, 247; making a total of 5,215 cases treated at the dispensary for the year, and of prescriptions in the same department there were 3,513 prepared.

During 1875 a most excellent and deserving charity was brought into existence, viz., The Child's Hospital. Most of the staff of this institution are professors in the college, and thus you will observe that a very rare and excellent opportunity is afforded you of studying the medical and surgical diseases of infancy and childhood. During the past year there were treated in this institution 204 children, embracing every form of surgical lesion occurring among that class.

The County Hospital, by reason of the able and courteous aid rendered by the physician and surgeon in charge, and his



assistant, is of great value to us, especially in the study of cases of a chronic nature, such as syphilis, and all that relates to chronic and acute forms of insanity.

The opportunities for study of, and acquiring, your profession by aid of the hospitals and dispensaries are but a portion of the advantages this college is able to extend to its students. Albany has a population of over 100,000, and within a radius of fifty miles, easily reached by rail, there is a combined population of nearly a quarter of a million. No medical college comes in competition for the clinical material thus afforded; we alone reach all the large cities and towns of a great portion of the states of New York, Vermont, Massachusetts and a part of Canada. When you consider the division that has to be made in our large cities among the great number of medical colleges situated there, think you their proportion is any greater? I believe not.

As you will observe in the brief historical sketch I am presenting to you, so earnest in their work have the teachers connected with this school been, that from one weekly clinic they have advanced to one and more daily, and while much, very much, is being done regarding the medical charities of this city, yet much more can be accomplished, and it is the earnest wish and intention of this faculty to yet bring about increased opportunities for our students to acquire their profession.

Regarding the laboratory work connected with the college, a most excellent opportunity is afforded you for practical chemistry, pathological anatomy and histology, and in investigating and conducting physiological experiments. Thus you see but a portion of the work spread out before you during the term upon which we are just entering. "Does it differ much from the course given by the first faculty of the college?" I hear some one ask. Then the time was sixteen weeks; now it is increased by ten, and should be lengthened one-third more. Then the seven branches were taught in their most rugged simplicity; now we have all the specialties to instruct you in. Within fifty years we have had all that goes to make up the great divisions or specialties presented in medicine and surgery, such as ophthalmology, otology, gynecology, pediatrics, laryngology, rhinology, pathological anatomy, dermatology, diseases of the nervous system, and of pathological medicine, orthopædic surgery, diseases of the genito-urinary tract, hygiene, preventive medicine, and many other subjects I will not tire you by mentioning.

Aside from the specialties of our profession, who can estimate the amount of good that has resulted from the discov

ery of anæsthesia? And now, in addition, we have the assistance of cocaine, which is proving itself a very valuable medicine in the relief of pain, especially in the operations upon the mucous membrane.

Then, aside from a very few rare cases, such as the celebrated one in which the tamping iron passed through the anterior portion of the brain and the patient recovered, scarcely any thing was done in brain surgery. To-day, by reason of cerebral localization (and I rejoice that I can truthfully say to you that in teaching this subject you have one of the best instructors that this country affords), it is possible to so locate lesions within the cranium that no longer is trephining employed only for the treatment of fractures, but for the purpose of reaching and relieving abscesses, removing tumors, blood-clots and all manner of pathological changes.

Then dislocations and fractures of the cervical vertebræ were considered absolutely fatal, now by prompt and bold surgery lives are saved.

Then the spinal cord, its membranes and plexus of nerves were considered, as it were, sacred; now, when the condition requires, all are attacked surgically, and in no other department, medically, has there been such an advance as in the study and investigation of the diseases connected with these structures. Then, with rare exceptions, was the cavity of the chest invaded; now permanent drainage is frequently established, ribs resected, portions of the pleura and of the lung removed, lung cavities penetrated and washed; and at last we have in the discovery of the tubercle bacillus the proper understanding of that dread disease pulmonary consumption. I will not dwell upon the marvelous good that has resulted in the discovery and proper use of auscultation and percussion.

Then nothing whatever was known about abdominal surgery. It is true that the drunken Hollander and Jean de Dot had both operated upon themselves by abdominal section, the former to remove a fork from his stomach or large intestine, and the latter for relief of a large vesical calculus, and both recovered; yet surgeons were afraid of the peritoneum, and continued to be so up to within a quarter of a century or less, notwithstanding that our own countryman, the immortal Ephraim McDowell, had done his successful ovariectomies. Now there is not an organ within the cavity of the abdomen, when diseased or injured, but it is possible for us as surgeons to reach.

Now gunshot and penetrating wounds are diagnosed before incision of the abdominal walls by means of the Ameri-

can system discovered by Dr. Senn, of distending the intestinal tract from the rectum by means of hydrogen gas.

Then the cavity of the pelvis, its contents, the uterus and its appendages and the external organs of generation in the female received absolutely no attention. Now our obstetricians and gynecologists do their work so well, and have carried the method of removal of diseased structures and conditions of repair to such a degree of perfection and success, that, for relief from their sufferings, the female is the best cared for in the human family.

Then, concerning stone in the bladder, also diseases of the bladder, rupture, traumatisms of whatever kind, tumors, etc., only the former received intelligent attention. Now we approach this viscus from almost every direction—verily, we look into it by means of that wonderful agent, the electric light, and make our early and prompt diagnosis.

Then you were to bleed your patient freely, give him full doses of tartarized antimony, and if this did not relax him sufficiently, then he was to be given several ounces of the infusion of tobacco, and, when thoroughly sickened, pulleys were to be made use of in various directions. This was the method of treating dislocations of the hip and shoulder. Now we employ the knowledge we possess of the mechanism of the muscles, and brain-work, as it were, reduces the deformity.

Perhaps one of the greatest improvements that has been made during this time is in the treatment of wounds by the antiseptic method—that is, the employment of thorough cleanliness in all of our surgical work. By it we have been able to perform operations, followed by the recovery of our patients, which were simply impossible twenty or twenty-five years ago. How well do I remember witnessing many operations performed by him whose face is daily before you in that most excellent painting which graces this amphitheatre, the operation so well done in point of dexterity and boldness, and with an evident knowledge of anatomy that would bring a blush to the faces of some of our modern surgeons, and yet, when the dressing was done, to hear him exclaim, "Now, if our patient can only escape erysipelas, we shall probably have a good recovery;" wounds healing by first intention, or primary adhesion, being the exception, and looked upon as occurring very rarely. Now we know but little of the disease called erysipelas, a case developing spontaneously in our surgical wards being almost unknown. Then the doing of the operation and controlling the hemorrhage during and after it, were the greatest source of anxi-

ety to the operator. Now, with our artery clamps and our great variety of ligatures, it gives us but little concern in the majority of our cases. Then ligatures were cut long and left to protrude from every wound, to be tried after a few days, and brought away one after the other as sloughing took place and the ligatures were loosened. Now our ligatures are so prepared and of such material that we do not hesitate to cut them short, leaving them in the wound.

Then nothing was known of that greatest of all boons to the surgeon, the application of drainage. Now, in cases of amputation or the removal of tumors from any portion of the body, the operation is not followed by that anxiety over the collection of serum or of blood-clots between flaps, for we use our drainage tubes, of such kind as seems best for the case, and feel easy in knowing that by this method our patient is relieved of much suffering, and the parts left in the best possible manner regarding rest and apposition, which will result in speedy union. Now the operation done upon important large blood-vessels does not bring to the operator that amount of intense anxiety that was once the case in the possible danger of non-union of the incision, or the danger of secondary hemorrhage, and many other complications of which I will not weary you by continuing in this line of thought longer.

Of the number of instruments and their usefulness in assisting us in the treatment of our medical and surgical cases it is impossible to speak. They are without number, and many, many, of them of the utmost importance to the practitioner. Then quarterly medical journals, followed soon after by monthly publications, very few in number, with few books, constituted the library of the physician. To-day, weekly, aye, daily medical journals (at the meetings of important societies), together with no end of books, constitute the library of the advanced medical man.

Thus you see brought before you only a portion of much that is to occur in the teaching of, and the requirements necessary on the part of, the medical student, ere he graduates and is about to become a practitioner of medicine. These changes have necessarily brought with them an increased amount of labor on your part, and the knowledge you desire cannot be acquired without earnest effort from you. We may endeavor to teach you ever so earnestly and intelligently as a faculty, yet much rests with you, not only in relation to your receptive powers, but in your application of the facts presented at the different clinics and the instruction that is given you in the didactic lectures. You cannot

acquire this by attempting to decorate the walls of your room with illustrations issued by some favorite cigar or cigarette manufacturer. Nor can you, who for the first time attend lectures, expect that your second and third year examinations will be made entirely easy, when during your first year a large proportion of your time between your primary lectures is spent in walking the streets or endeavoring to become the chief in the athletic field, or in sports that may attract your attention.

But I would not have you become mere book-worms, or monastic students. You should seek recreation, and this city affords you enough of that which is healthful in its results and which will guide your thoughts in channels that will grant you after-help and aid in the practice of your profession. I would here offer the suggestion that you become acquainted with the libraries of both the Young Men's Association and the Young Men's Christian Association, and such lecture courses as they may offer; and I would say to you further that this city is rich in its able preachers who fill so well the various pulpits of our churches. Attendance there will result in good to you in many ways. I would have you form such acquaintances and such associations, while here as students, as will bring you into an atmosphere of wholesome intellectual life. Our new hall, of which we are justly proud, will give you an opportunity for study of the drama and music in such a manner as will interest and add to your knowledge of that which, when carried out in the lines of truth and morality, will be a benefit and aid to you in your future fields of operation.

While there is so much to feel encouraged over in the progress of our art, and especially relative to that department which I have the honor to teach, and while I may say there is as yet no limit to the boldness of surgical art, still you will find that there is much, very much, yet to be learned, and when you enter upon your practice you will discover that there are some few diseases, such as tetanus, hydrophobia, whooping-cough, organic changes of the spinal cord, malignant diseases in all their variety, tuberculosis, diabetes, myxœdema, and many other conditions, that will baffle your skill, and in the investigation and cure of which we trust some of you may attain very great eminence.

Regarding the first few days of the present session, I would like to say just a word or two, directed especially to the first and second year men. I would advise you to begin a prompt attendance upon the lectures in which you are interested. The faculty have decided upon a recitation

course, to a large extent, for the first year men, believing that this method will more thoroughly occupy your time, and add largely to your ability to acquire and explain the knowledge you seek. It is well for all of you to attend the introductory lectures of the entire faculty. Your early days in attendance are apt to be somewhat weary; your homesickness requires a little time to recover from; your rooms will look a little cheerless; there is not quite the warmth of the mother-home you have been accustomed to, and the light is not so bright. Some of the teachers are slow in settling down to their work; you may be tempted to indulge in a few days of indifferent listening or actual idleness. Such days have many attendant risks, but I beg of you to consider what is the true, earnest wish of your family at home and also of the faculty.

This college has had its true friends in the past. The catalogues will give you the list of prizes that are offered, and which are worthy of your best efforts. To secure them and the standing you so much desire when you enter upon the practice of your profession, leaves no time to be lost. I would say, then, begin your work in an earnest, honest, systematic manner.

During the past year we have been remembered as a college in a manner peculiarly encouraging, and have also received intimation of other gifts in store. To encourage you in your work, Dr. H. R. Powell, of Poughkeepsie, a graduate of this college, has established a prize consisting of a complete antiseptic pocket case of instruments to be given to the student presenting the best thesis.

Within a few days Mrs. Gertrude Wendell Vander Poel, widow of the late Prof. S. Oakley Vander Poel, M.D., LL.D., has given to the faculty the sum of \$1,000, the interest of which is to be devoted to the purchase of a prize to be given to the student passing the best examination in bedside diagnosis. This is a most beautiful gift, and it will ever keep in mind the memory of one who was a true friend of this institution. Here, in delivering two lectures before the Alumni Association, he did his last literary work. It has been truly said, "It is the man, the teacher, that makes the school." Surely, these words are very appropriate as we use them in connection with the work done by him, the recollection of whose good deeds are now to be perpetuated for all time to come. He left his stamp upon this college by his able, faithful and earnest discharge of all that pertained to his professorship. He lived in an age of progress; he never ceased being a student; he was a most brilliant vindication

of the present from the reproaches of those to whom the past alone is admirable.

I have given you but a portion of the history referring to the many changes that have occurred in this institution during the fifty years of its existence; and while rejoicing in our prosperity of to-day, let us remember those whose good beginning made our present success possible. Let us give to this institution the best efforts of our lives, striving ever to advance its interests and extend its usefulness and influence.

Let us repeat to those who are here to-day for the first time, and, indeed, to all, that the work upon which you are about to enter is not a trivial one. The profession you have chosen is one involving great responsibility, and to meet its requirements demands thorough preparation. We offer you here the opportunity to secure this, but we would impress upon you now, in the beginning of your work, that to become such a member of your profession as will bring credit to your *alma mater* requires something more than knowledge and skill. It requires purity of heart and honesty of purpose. Few men have such power for good or evil as the physician. The earlier he who is looking forward to this work realizes this, and the more constantly he bears it in mind and strives to equip himself fully for the life he has chosen, the greater will be his success.

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## ABSTRACTA.

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**DIOSCOREA VILLOSA (WILD YAM).**—By John V. Shoemaker, M.D., Philadelphia, Pa. *Dioscorea Villosa*, a plant which is commonly known as wild yam or colic root, is found in profusion throughout the southern and to a limited extent in the northern and western states. Thirty years ago it was eulogized by King, of the Eclectic school, as a true specific for bilious colic, no other agent being necessary in this disease, as it gives, he reported, prompt and permanent relief in the most severe cases. This statement has been repeated many times since by the Eclectics, and is undoubtedly true. The part of the wild yam used is the root, which is inodorous, but on bruising develops a slight woody odor. To the taste the root is somewhat pungent, sweetish and bitterish. It is pulverized with difficulty, yielding a yellowish gray powder. The root is soluble in both water and alcohol, and contains an active principle known as dioscorein, which possesses nearly all the medicinal virtues of the root. The preparations of wild yam usually employed are a decoction, the dose being

from one to four fluid ounces ; a tincture, the dose from ten to sixty minims; and the fluid extract, the dose being about half of that of the tincture.

Large doses of any preparation produce emesis. It is classified by King as an antispasmodic. It acts likewise as a diaphoretic, and has some expectorant properties. Dioscorea appears to have an especial effect upon the liver, as *nux vomica* has for the spinal cord. It is a most useful remedy in the treatment of the various diseases of the hepatic system. In that painful affection known as bilious colic, which is the result of the pressure or impaction of one or more gall-stones in the biliary ducts, dioscorea often affords great relief. The treatment usually recommended consists of the administration of copious draughts of hot water, a prolonged course of phosphate of sodium, the inhalation of chloroform, heroic doses of morphine, or a combination of turpentine and ether, and even with all these remedies we are told that the disease may persist for days and weeks. Yet, as related by King thirty years ago, and as restated by Dr. Todd (*Atlanta Medical and Surgical Journal*) some two years past, every case of bilious colic can be cured in a brief period, varying from a few minutes to a few hours, by the administration of dioscorea alone.

The only qualification necessary to this claim, at present, is that the cases must be of pure biliary nature due to the presence of a gall-stone or of thickened, hardened bile in the biliary ducts, and not cases of intestinal colic from other causes. A good rule in practice is to see if with the colicky pains and nausea there be also any yellowish discoloration of the skin or conjunctiva. If there is, dioscorea will usually give prompt relief ; if there is not, it may have to be supplemented with other remedies. Even when the stage of incipency is passed, when the delicate lining of the ducts is engorged and inflamed, so that the bile cannot pass through, dioscorea will be found of infinite value in lessening the engorgement, relaxing the tension of the biliary channels, and cutting short the course of the disease. That indefinite complaint known as hepatic torpor or hepatic indigestion, resulting in dull headaches, loss of appetite, mental inaptitude, causeless melancholy, and a train of other symptoms, can be quickly and permanently relieved by the fluid extract of dioscorea taken in fifteen-drop doses before meals. Of course if there be another cause at work, such as constipation, improper hours, ill-prepared food, excessive use of liquor or tobacco, etc., they must be removed or counteracted. If tonics are needed, they must be given in addition to the dioscorea. An excellent tonic containing dioscorea is as follows :

℞ Fluid extract of dioscorea villosa, . . . 1 ounce.  
Compound tincture of cinchona, . . . 5 ounces.—M.  
Dose : A teaspoonful in water before meals.

In cirrhosis of the liver too much benefit must not be expected from any remedy. In spite of all our efforts the inexorable ad-



vance of the fibrous connective tissue, crushing out blood-vessels, biliary cells and nerves, can be retarded for only a short time. My experience leads me to hope that for this purpose dioscorea may be found more beneficial than the two-edged mercury bichloride, which is now so largely employed. In chronic congestion of the liver, characterized by fullness of the right side and an increased area of percussion dullness and a general impairment of the digestive functions, a marked improvement and a gradual cure may be obtained by the administration of from ten to forty drops of the fluid extract of dioscorea in water before meals. In those suffering from an over-indulgence in alcoholic stimulants, and in alcoholic catarrh of the stomach, no better remedy can be suggested than dioscorea. The following combination in the latter disease is of value :

℞ Tincture of belladonna, . . . . .	24 drops.
Tincture nux vomica, . . . . .	1 drachm.
Tincture dioscorea villosa, . . . . .	$\frac{1}{2}$ ounce.
Syrup ginger, . . . . .	2½ ounces.—M.

Dose : A teaspoonful in water every four hours.

In chronic malaria great benefit can be derived from the use of dioscorea alone or in combination with other remedies. A prescription of service in this affection is appended :

℞ Solution of arsenite of potassium, . . . . .	1 drachm.
Tincture of dioscorea villosa, . . . . .	$\frac{1}{4}$ ounce.
Compound tincture of cardamon, . . . . .	2½ ounces.—M.

Dose : A teaspoonful in water after meals.

The following combinations containing dioscorea will also be of benefit in malaria :

℞ Tincture nux vomica, . . . . .	1 drachm.
Tincture dioscorea villosa, . . . . .	$\frac{1}{2}$ ounce.
Compound tincture of cinchona, . . . . .	5 ounces.—M.

Dose : A teaspoonful in water before meals.

℞ Quinine sulphate, . . . . .	20 grains.
Tincture dioscorea villosa, . . . . .	$\frac{1}{2}$ ounce.
Syrup orange flowers, . . . . .	3 ounces.—M.

Dose : A teaspoonful in water every four hours.

For preventing bilious headache, or modifying the attacks, dioscorea has proven of value. In intestinal indigestion, due to the lack of sufficient bile, as manifested by the development of offensive gases, clay-colored stools and general mal-assimilation, remarkable benefit may at once follow the use of dioscorea combined with a little capsicum or strychnine.

Cancer of the liver is, of course, an incurable disease, but more relief can be afforded to patients suffering from it, by adding dioscorea to their morphine, than by administering morphine alone. It is probable that dioscorea will be found of great service in the treatment of many other diseases totally unconnected with the liver. Its great power in relieving the spasm or contraction of the biliary ducts would indicate its use in various affections where antispasmodic remedies are requisite.—*Amer. Med. Assoc. Trans. Condensed; Medical Standard.*

NOTES ON SOME OF THE NEWER MEDICAMENTS.—*Arsenite of Copper Tablets, 1-100 grain.*—An article by Dr. J. Aulde on the application of arsenite of copper in bowel affections, and especially in the diarrhœa of typhoid fever, was published in the July, 1889, *Therapeutic Gazette*. The results obtained were so favorable that tablets of 1-100 grain arsenite of copper each are now placed in the market. One tablet should be dissolved in three, four to six ounces of water, of which the dose is a teaspoonful.

*Pil. Saline Chalybeate Tonic (Flint's).*—In the *New York Medical Journal*, May 18, 1889, Prof. Austin Flint, M.D., speaks very highly of the following :

R Sodii chloridi (C. P.), . . . . .	3 iij.
Potassii chloridi (C. P.), . . . . .	gr. ix.
Potassii sulph. (C. P.), . . . . .	gr. vj.
Potassii carb., . . . . .	gr. iij.
Sodii carb. (C. P.), . . . . .	gr. xxxvj.
Magnes. carb., . . . . .	gr. iij.
Calc. phos. præcip., . . . . .	3 ss.
Calc. carb., . . . . .	gr. iij.
Ferri redacti, . . . . .	gr. xxvij.
Ferri carb., . . . . .	gr. iij.—M.

In capsules, No. 60.

Sig.—Two capsules three times daily, after eating.

In five cases of Bright's disease, of which he has notes, this formula was the only medicinal remedy employed.

In the great majority of the cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that they could not take iron in any form, the tonic produced no unpleasant effects.

This preparation is now furnished for the market in pill form.

*Cocaine Tablets.*—The rapid deterioration of cocaine solutions make these tablets a convenience. To make a two per cent. solution of cocaine : In one fluid drachm of water dissolve one cocaine tablet,  $1\frac{1}{8}$  gr. To make a ten per cent. solution of cocaine : In one fluid drachm of water dissolve five cocaine tablets,  $1\frac{1}{8}$  gr.; or dissolve two  $2\frac{1}{4}$  gr. and one  $\frac{1}{8}$  gr. tablets in one fluid drachm of water.

*Instantaneous Cure of Whooping-Cough.*—In the *Archives of Pharmacy*, 1889, page 382, it is stated that the instantaneous cure of whooping-cough was attained by Dr. M. Mohn, as a result of accidentally observing that the disinfection of the whooping-cough patient by sulphurous acid caused the disappearance of the paroxysms with a rapidity bordering on the marvelous. The patients are freshly clad in the morning and placed in another room, in which they remain during the day. Meanwhile, 25 gm. [about  $\frac{3}{4}$  of an ounce] of sulphur is burned in the sick-room to each cm. [about 35 cubic feet] of space [about a pound and a half, avoirdupois, to 1,000 cubic feet]; and after the bed clothing, garments, etc., have been properly spread out, and the

sulphurous acid been permitted to permeate the air for five hours, the patients return to their disinfected sleeping-rooms in the evening, and are cured of whooping-cough.

Physicians may not generally be aware of the fact that sulphur bricks are obtainable which may be burned to secure the effects of sulphurous acid by inhalation, or for general disinfectant purposes.

**PILOCARPINE IN PULMONARY ŒDEMA.**—In *every* case of pneumonia, with a high, tense, bounding and irrepressible pulse, high temperature and intense chest pains, and hurried respiration, the symptoms will be surprisingly relieved within from one to three hours under the jaborandi treatment.

On being called to a case of pneumonia, I at once administer one-fifth grain of solution of pilocarpine, and if patient is somewhat cyanosed include one to two drops of glonoinum (hypodermically), after which I apply rubber water-bags, holding hot water, over the affected lung, which is followed by immediate relief in every case. This is at once followed by a great reduction of blood-tension and temperature, producing profuse diaphoresis and free expectoration, relief of dyspnœa and pain. The pulse becomes soft and compressible. I then prescribe: *R*. Fl. ext. jaborandi m. x, vini ipecac m. x, every two hours, accompanied, if chest pain is severe, by capsules, three grains of Dover's powder, every four hours. I continue this treatment generally for five to seven days, modifying the quantity to each case, according to the results, which should be a mild and protracted diaphoresis. This continued diaphoresis will be followed by an intense thirst, which should not be fully satisfied if you wish to obtain the full benefits of osmosis. The above treatment should be substituted by a combination of vini antimonii, vini ipecac, tr. digitalis, spirits amm. arom., as indicated in each case, omitting the antimonii as soon as the compressibility of the pulse will permit. The heart must be carefully watched and stimulated. I substitute the antimonii with small tonic doses of quinia. Keep a close watch over the nurses and see that the patients are not left alone, and that they are kept well covered, and you will be surprised at the results.

Since adopting the above method I have treated twenty-nine cases, with a mortality of three, and these were miners, who are generally very intemperate and their blood very much deteriorated by long occupation in powder smoke underground and sleeping in crowded "bunk-houses." The three who died were old inebriates, and manifested cardiac failure from the incipency of the attack. I have been so confident of the good effects from pilocarpine that, where pain was unbearable and breathing difficult, I boldly injected a solution of pilocarpine (4 per cent.), m. vij, Magendie's solution, m. vij, and nitroglycerin (1 per cent.), m. ij, with the happiest results. The above cases were treated at an altitude of 8,500 feet.—*W. C. Peaslee, Telluride, Colo.; Med. Standard.*

**NEPHRITIS AND ALBUMINURIA IN THE TYPHOID FEVER OF CHILDREN.**—The paper is based upon twenty-five cases observed in the children's wards of the hospital at Heidelberg, which are related, some briefly, others in more detail; only one of them was fatal. The author summarizes his results thus: 1. Albuminuria is of very frequent occurrence in typhoid in childhood. It appears generally in the first or the beginning of the second week, sometimes as early as the second day; it varies in duration, the average being from one to two weeks. 2. Nephritis occurs in typhoid in childhood as it does in adults, but the higher degrees of it (dropsy, etc.) are not so frequent; there is no special renal form of typhoid in childhood. 3. In childhood, infectious diseases, such as scarlatina, in which the kidneys are frequently affected, appear to render the children specially liable to nephritis, should they take typhoid shortly afterwards. 4. Fever, albuminuria and nervous symptoms in typhoid, are the result of one and the same cause, namely, the intoxication of the organism by poison depending on the typhoid bacillus.—*A. Geier, Jahrb. f. Kinderheilk, B. 29, H. 1.*

**ACNE VARIOLIFORMIS.**—Cæsar Boeck has made a study of this rare and peculiar disease in a well marked case, and has pointed out some hitherto unnoticed features. The complaint has its special seat on the forehead, hence has been called *acne frontalis*; but it has been seen on the back, hence this term is too restrictive. Boeck describes the evolution of the disease thus: The minute papules which form the first stage are produced by the enlargement of a hair follicle in its immediate neighborhood. This small papule gradually increases in size, and when it has reached that of a grain of hemp there can be seen in the center round the follicle a number of very small hemorrhagic puncta, which impart the aspect of a small, ill-defined violet macule. This in the smaller papules disappears when the tension again subsides; but when the size reaches that of a pea, and includes several follicles, it persists, and produces a swollen, elevated, tolerably firm area of a punctated appearance and bright violet hue. Next, the affected part sinks in the center, and assumes a brownish violet tint, which spreads over the entire surface. Then the entire diseased part sinks down to or beneath the level of the neighboring sound skin, and lies imbedded in it as a sharply-defined, circular, hard disc of a purplish brown, or finally of a brownish hue. If one endeavors to raise the mummified mass, into which the epidermis and the greater part of the corium have been transformed, by means of pincers, it is found to be extremely tough and coherent. The disc dries up from the margins, and when at length it is detached, a cupped cicatrix persists. The process is always accompanied by necrosis of a part of the cutis. Boeck points out that it cannot be called *acne atrophica* nor *lupoid acne*, as it bears no relation either to atrophy or lupus. The necrosis is that

form called mummification. The crust thrown off in such circumstances retains many of its anatomical features unchanged, and in the absence of any portions of affected tissue, Boeck has made careful sections of these crusts, after removing the fat, with which they are abundantly impregnated, by means of alcohol or ether. He found hyperplasia of the epidermis. The vessels of the papillæ were dilated, convoluted and distended with blood, while there were many small hemorrhages, and the deeper vessels of the cutis were in like manner enlarged and surrounded with a peculiar hyaline substance. Various micro-organisms were found, but it was impossible to say whether these bore any part in causing the disease, or had come accidentally from without. As there is no previous description of any microscopical examination in this disease, these facts, though meagre, are of value.—*Archiv. für Dermatologie und Syphilis*, 1 Heft, 1889.

**NITRATE OF SILVER IN PURPURA.**—The ordinary hemorrhagic remedies often fail to bring about a change in the obscure conditions which underlie the occurrence of purpura. Dr. Poulet, of Planchet-les-Mines, has for many years made use of nitrate of silver in severe cases of purpura, complicated by copious hemorrhages from the nose, stomach and bowels. He narrates two cases which seem to point to a distinct controlling influence over the morbid condition. He gives it in doses of from an eighth to a sixth of a grain, made into a pill with bread crumbs, twice or three times a day. It is seldom necessary to continue the treatment beyond four days.—*Medical Press and Circular*.

**A NEW METHOD OF TREATING FRACTURED PATELLA.**—At a recent meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on which he had operated by a novel method to secure bony union in a case of fracture of the patella. The skin over and around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well up over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction on the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed, there was no sign of irritation, and the temperature had never been above normal. As the fragments seemed well united, the needles were withdrawn, a plaster-of-Paris splint applied, and the patient allowed to go home. Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint, it would be desirable to aspirate.—*Med. Rec.*

# Albany Medical Annals.

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## BOOK NOTICES.

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JACOBSON'S OPERATIONS OF SURGERY. 199 illustrations; price \$5.00. Philadelphia : P. Blakiston, Son & Co.

The author of this valuable book has bestowed upon the profession at large a great boon. The most frequently occurring operations are given in such a clear, concise manner that not only will it be of benefit to the student, but to the surgeon of vast experience. The illustrations, in particular, will be of great value, giving as they do the most improved methods of using the knife, ligatures, drainage, etc., etc.

In ordering this book, to prevent loss or delay, state exactly and fully how the package should be addressed in order to reach you most promptly.

A. V.

NOTES ON BEARER DRILL WITH HAND-LITTER, AMBULANCE-WAGON, ETC. Supplementary to a Provisional Manual of Instruction for the Hospital Corps, U. S. A., and Company Bearers. By John S. Van Rensselaer Hoff, M.D., Captain Medical Department, United States Army.

Nowhere in the medical profession is order, promptness and the ability to meet emergencies needed more than in our hospitals; and military discipline there will be of as great service as in the United States Army.

The pamphlet to which our attention is called is a very valuable one, embracing as it does so many practical suggestions in regard to transportation of the sick and wounded. While all

parts are exceedingly interesting, Part V. is particularly so, describing many off-hand methods of carrying the wounded, and can be read and practiced with great profit by all hospital employés. The author's experience with our own hospital corps, and careful study of methods pursued in foreign armies, have furnished him with material upon which to base his observations, and both the civil and military physician who reads Capt. Hoff's Provisional Manual of Instruction for the Hospital Corps, U. S. A., will be pleased with the supplement.

Capt. Hoff was one of the first to agitate the subject of hospital corps organization in the National Guard, and the first public mention he made of it was at the Albany Medical College alumni dinner in 1887.

A. V.

**A MANUAL OF CHEMISTRY FOR THE USE OF MEDICAL STUDENTS.** By Brandreth Symonds, A.M., M.D. 12mo, cloth, pp. 154, \$2.00. Philadelphia: P. Blakiston, Son & Co. 1889.

This highly condensed and bare outline of so much of the science of chemistry as is deemed necessary for the student of medicine can scarcely be recommended for general use. Such books may be helpful to candidates preparing for an examination, but the beginner who attempts to learn his chemistry from such a manual will be doomed to disappointment. There is no proper development of any subject here treated, and no suggestion that any statement is to be verified by experiment. If a student will really learn any thing of any of the natural sciences, he must be taught to observe and to reason; he must experiment and he must think for himself. This is especially true of chemistry, and hence such a mere outline as this little book furnishes can be of little real assistance to the conscientious student, although the man who is "getting up" his chemistry for a special purpose, on receiving it, may find in it that which, for the occasion, he needs. The book is high priced for one of the size and style. W. G. T.

**A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY.** By R. A. Witthaus, A.M., M.D. Second Edition. Long 16mo, pp. iv., 75. New York: William Wood & Co.

This useful little book is eminently adapted to the needs of medical students. It deals with the physical characteristics and chemical constituents, normal and abnormal, of the urine, and with the common poisons. All tests and processes are clearly, though briefly described, and the directions for the microscopic

examination of urinary sediments, the analysis of calculi and the making of quantitative determinations of urinary constituents are plainly given and in a very practical manner. The illustrations are good, and every other page is left blank, which admits of notes being conveniently added to the text. Dr. Witthaus has had a wide experience as a teacher of medical and pharmaceutical students, and he has produced a book which cannot fail to be of great service in our medical schools.

**ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.** A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M.D., Philadelphia, and seventy associate editors and over two hundred corresponding editors, etc. With chromo-lithographs, engravings and maps. Second issue, five octavo volumes. Subscription department of F. A. Davis, medical publisher, Philadelphia, New York, London, San Francisco.

Numerous improvements appear in this issue of 1889.

1. Foreign weights and thermometric measurements have been reduced to those generally used in this country. Grammes have been reduced to ounces, drachms, grains, etc., and Centigrade degrees to Fahrenheit, both appearing side by side.
2. The dates of all journals referred to are mentioned in the text, thus greatly facilitating research.
3. An index has been added to each volume, besides the complete triple index at the end of the entire work.
4. The "Therapeusis" column of the index, presenting a *résumé* of all remedial measures introduced or recommended during the year, contains 48 pages more matter than the first issue.
5. Dosage, not furnished by the original author, and therefore not to be found in the text, has been inserted by the editor of the therapeusis column.
6. Instead of being 54 pages in length, as last year, the index is 101 pages long in this issue.
7. Four thousand quotations more than last year, received principally through the corresponding staff, increase in proportion the value of the work.
8. The practical worth of each article has been increased by giving a careful description of treatment, operations, etc., and by the reduction in weights, thermometric measurements, etc., mentioned above.



9. Two department have been added—"Examinations for Life Insurance" and "Railway Neuroses," subjects of great importance to a large proportion of the profession; and finally

10. The volumes have been made less clumsy, notwithstanding the greater amount of matter presented, by closer calendering of the paper and avoidance, as much as possible, of all blank spaces in the text and of repetitions.

The publication of this annual is one of the great enterprises of this progressive age, and deserves universal endorsement and patronage. Albanians have reason to be proud of their representation by the article on "Peripheral Nervous Diseases and General Neuroses," by Dr. Henry Hun, illustrated by two full-page chromo-lithographs of Raynaud's Disease and by engravings.

**MOTHER, NURSE AND INFANT.** By S. P. Sackett, M.D. 387 pages, cloth, \$2 00. New York: H. Campbell Co., Medical Publishers, 140 Nassau street.

Instruction as to pregnancy, preparation for childbirth and the care of mother and child, and designed to impart so much knowledge of anatomy, physiology, midwifery and the proper use of medicines as will serve intelligently to direct the nurse in emergencies; 227 formulæ for prescriptions; diagnosis and treatment of poisoning, a good glossary and a full index.

**THE URINE, THE COMMON POISONS, AND THE MILK.** By J. W. Holland, M.D., Professor of Chemistry, etc., Jefferson Medical College, Philadelphia. Third Edition. 12mo, cloth, 84 printed pages, alternate blank pages, illustrated, \$1.00. Philadelphia: P. Blakiston, Son & Co.

These memoranda, chemical and microscopical, are handy for reference and for taking notes, and are intended to be used as a syllabus for the laboratory. Very popular with students.

#### EXCHANGES, PAMPHLETS, ETC.

Accumulators, and their Medical Use. By R. Newman, M.D. From *Philadelphia Medical Times*.

Suspension in Treatment of Spinal Cord. A. B. Shaw, M.D., St. Louis. Proceedings St. Louis Medical Society.

Prolapse of the Womb, with Hypertrophic Elongation, etc. By L. H. Adler, M.D., Philadelphia. From the *Medical News*.

Pelvic and Abdominal Drainage. By David Prince, M.D., Jacksonville, Ill. From Proceedings of American Surgical Association.

Expression in the Treatment of Trachoma. By A. E. Prince, M.D., Jacksonville, Ill. From Proceedings Illinois State Medical Association.

An Essay on Scarlet Fever. By G. J. Holmes, M.D. (A. M. C., '82), of New Britain, Conn. From the Proceedings of the Connecticut Medical Society.

Notes on the Electro-Magnet in Ophthalmology, with a Report of Nine Cases. By Wm. Ellery Briggs, M.D., Sacramento; Cal. From *Occidental Medical Times*.

Treatment of Fracture of the Neck of Femur by Immediate Reduction and Permanent Fixation. By N. Senn, M.D., Ph.D., Milwaukee, Wis. From *Journal American Medical Association*.

*Babyhood*, 5 Beekman street, New York. \$1.50 a year.

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## MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

### DR. WILLIAM H. CRAIG.

A special meeting of the Medical Society of the County of Albany was held Saturday, October 5, 1889, at 8:30 P. M., to take action on the death of Dr. William H. Craig.

There were present : D. H. Cook, president, and Drs. Babcock, T. P. Bailey, W. H. Bailey, Bendell, Bigelow, Case, Clark, Curtis, Freeman, L. Hale, Hennessy, Macdonald, McNaughton, Merrill, Moore, Murphy, W. J. Nellis, Newcomb, O'Leary, Perry, Porter, Russell, B. U. Steenberg, Thompson, Van Allen, Vander Veer.

On motion of Dr. Freeman, Dr. C. H. Moore was appointed secretary *pro tem*.

President COOK, in a few words, stated the object of the meeting.

Dr. WM. H. BAILEY said :

I have been acquainted with the late Dr. Craig since 1852, and my relations with him have always been of the pleasantest character. He was a firm friend, a good citizen and a faithful practitioner. Associated as I was for some time with him as one of the examining board for the award of pensions, I had many opportunities to study and appreciate his sterling qualities. Although for many years he has not been engaged in active practice, still he yet retained an interest in all things relating to his chosen profession.

Dr. ALBERT VANDER VEER said :

Dr. Craig was a man possessed of many qualities worthy of emulation. He was noted for his sturdy, honest character, for his friendly intercourse with his fellow-men, for his worth as a physician. I well remember a paper he read some years ago on the use of veratrum viride in the treatment of puerperal fever, a remedy at that time little used. I well remember the earnest way in which he advocated its use. If Dr. Craig thought he was right in any matter, he was not afraid to let it be known.

I move that a committee be appointed to prepare resolutions of respect to his memory and present the same to the society.

Dr. H. BENDELL said :

I have been intimate with Dr. Craig since my graduation, socially, professionally and, I might say, politically. He was a man of his word in all respects. He was a man of whom it might be said that he was of more than common sense. I have met members of his old regiment, who said he was slow, but careful, thinking a long time before he spoke and waiting before he acted. As a physician he controlled the confidence of his patients. I also was connected with him as a pension examiner after the close of the war, and always found him fair and just in his treatment of those who applied for pensions. Politically he was always sincere to the party that advanced him, and though approached many times, refused all participation in deals. Not long since I had a pleasant talk with him over old times, and shall always have pleasant memories of that last chat.

President Cook said :

I well remember hearing Dr. Craig read the paper to which Dr. Vander Veer referred, when I was yet a student, and I shall always remember the earnestness that characterized the speaker at that time. I have never heard a person speak ill of Dr. Craig.

Dr. S. H. FREEMAN said :

The words spoken so far find a ready response in my heart. He had many warm friends. It is remarkable that he was able to carry out all his ideas of justice and equity, surrounded as he was by so many temptations to do otherwise. I second the motion of Dr. Vander Veer.

Dr. JOHN THOMPSON said :

I have known Dr. Craig for over twenty years, having met him for the first time, at a meeting of the old Albany Pathological Society. Since that time I have found him a warm, sincere friend.

Dr. T. K. PERRY said :

As a many years' resident of that section of the city where Dr. Craig passed his most active and useful years, I cannot allow this occasion to pass without adding my tribute to his worth as a man, his skill, zeal and usefulness as a physician, and his upright character as a citizen.

True, his active professional work had almost ceased before mine began.

\* \* \* Although at that time getting along in years, he had not yet ceased to remember what a blessing and stimulus to the young and struggling practitioner was the pleasant smile, the bow of recognition, the honest hand-grasp, the words of praise and encouragement as coming from an old and experienced one. \* \* \*

He had gradually withdrawn from active professional duties, and our meetings were less and less frequent, but professional interest and friendship still retained its warmth, and I cannot but feel at this time that I have lost a personal friend, this society an old and most esteemed colaborer, our community a trusted and valued member, and his family a devoted husband and loving father.

Dr. Vander Veer's motion was put and carried, and the chair appointed as committee Drs. A. Vander Veer, C. H. Porter, W. H. Bailey, S. H. Freeman and J. M. Bigelow.

After a short recess Dr. Freeman presented the following resolutions from the committee, which were adopted by the society :

WHEREAS, We have heard with profound sorrow of the death of our late esteemed associate, Dr. William H. Craig, one of the oldest active members of this society, therefore,

*Resolved*, That in the death of Dr. Craig this society has lost a faithful and zealous member, and we record our appreciation of his manly qualities and virtues, which have endeared him to our memories and which have illustrated his character as a physician, citizen and friend.

*Resolved*, That we extend to his family our warmest sympathies and condolence.

*Resolved*, That we will attend his funeral in a body and wear the usual badge of mourning.

The President proposed that the society meet at Dr. Steenberg's office, by his suggestion, at 2:45 P. M., Monday, October 7.

Dr. J. M. BIGELOW moved acceptance of Dr. Steenberg's courtesy. Carried.

Dr. F. C. CURTIS moved that present committee be continued, and that they prepare a suitable memorial to be presented to the society at some future date. Carried.

Dr. BENDELL moved that the resolutions be published in the *Sunday Argus*, and *Express*. Carried.

Society adjourned.

## ANNUAL MEETING.

The annual meeting of the Society was held in Alumni Hall, on Tuesday, October 8, 1889, at 3 o'clock P. M.

Present: Dr. D. H. Cook, president, and Drs. T. P. Bailey, Ball, Bartlett, Bendell, Bigelow, D. C. Case, H. S. Case, Classen, Culver, Curtis, Dwyer, Fleischman, Fowler, Freeman, L. Hale, Hennessy, Keegan, La Moure, Larkin, Macdonald, Merrill, C. H. Moore, Morrill, Morrow, Murphy, Murray, T. W. Nellis, W. J. Nellis, Newcomb, Perry, Russell, C. H. Smith, R. J. Smith, B. U. Steenberg, Stillman, Thompson, Tucker, Van Allen, Vander Veer, Ward (41), and students.

The minutes of the semi-annual meeting were approved as read.

Dr. T. F. C. VAN ALLEN, as chairman *pro tem* of the Board of Censors, reported that Dr. Howard Van Rensselaer and Dr Adam Blessing had been regularly proposed for membership, and had fulfilled the requirements of the by-laws, and that the censors recommended them for membership.

Dr. VAN ALLEN announced further that the report from the Committee on Revision of the By-Laws would be made under the head of "Amendment of the By-Laws."

Dr. W. J. NELLIS then read the report of the Committee on Registration, as follows:

Mr. President—The Committee on Registration would submit the following report to the society:

For the year ending October 1, 1889, eighteen physicians have registered at the county clerk's office. Of this number, nine are located in Albany, three in Cohoes, four in West Troy, one in Green Island, and one in Coeymans Hollow, as follows:

DATE.	NAME.	RESIDENCE.	BIRTHPLACE.	AUTHORITY.
1888.				
Sept. 24	James P. Booth.....	Albany.....	Rensselaerville, N. Y.	Cincinnati Hom. Med. Col.
Sept. 13	James P. Booth.....	Albany.....	Rensselaerville, N. Y.	Albany Eclectic Society.
Dec. 6	Mark I. Leary.....	Albany.....	Fort Edward, N. Y.	Wooster M. C., Cleveland, O.
Dec. 7	Geo. Gustave Lempe	Albany.....	Lansingburgh, N. Y.	Albany Med. Col.
Nov. 16	Charles J. Rattray....	Albany.....	Cornwall, Ont., Ca.	McGill Med. Cl., Montreal, Ca.
1889.				
Feb. 12	Lefferts M. Powell...	Cohoes.....	Old Chatham, N. Y.	Indiana Eclectic Med. Col.
Feb. 23	John H. La Grange..	West Troy.....	Albany, N. Y.	Albany Med. Col.
Mar. 13	Henry Nelson Brown	Albany.....	Rhode Island	Harmon Med. Cl.
April 3	H. E. Shumway ..	Cohoes.....	Copenhagen, N. Y.	Univ. State N. Y.
April 8	Merlin J. Zeh .....	West Troy.....	Knox, N. Y.	Albany Med. Col.
April 12	Alonzo Thos. Powell	Coeymans Hollow	Coxsackie, N. Y.	Albany Med. Col.
April 16	J. W. Quinlan.....	West Troy.....	Petersburgh, N. Y.	Albany Med. Col.
May 20	Wilbur Fisk Lamont.	Albany.....	Richmondville, N. Y.	Albany Med. Col.
May 24	Jas. Edward Brennan	Albany.....	Albany, N. Y.	Albany Med. Col.
June 6	Pierre Laroche.....	Albany.....	Quebec, Ca.	Hahnemann Med. Col., N. Y.
June 12	Welcome L. Filkins...	Albany.....	Berne, N. Y.	Eclectic Med. Cl., N. Y.
July 15	John Archibald.....	Green Island...	Scotland.....	Albany Med. Col.
Aug. 20	Jos. D. Monmarguet.	Cohoes.....	Jersey City.....	Col. Phys. and Surgs., N. Y.
Sept. 16	David W. Pitts.....	West Troy.....	Nassau, N. Y.	N. Y. Hom. Med. Col.

On June 23, 1887, a law was passed regulating the licensing and registration of physicians and surgeons and to codify the medical laws of the state.

No person, therefore, licensed or authorized to practice shall be deemed so licensed or authorized except in one of the three following classes:

First—Graduation from incorporated medical schools with degree.

Second—Regent's degree.

Third—Graduates from incorporated medical schools of other states and countries after indorsement in this state.

The diploma or license must be exhibited to the county clerk on registration.

Any person convicted of felony shall not be licensed, or, if licensed, the diploma or license shall be revoked.

False swearing upon registry, counterfeit diploma, or practicing under an assumed name, shall be deemed a felony.

This law is now in force, and the proper books and forms are at the county clerk's office.

W. J. NELLIS,  
F. L. CLASSEN,  
W. L. SCHUTTER.

The report was accepted.

Dr. S. A. RUSSELL inquired whether the Committee on Registration had examined into the authenticity of the colleges mentioned.

Dr. NELLIS replied that they had not.

Dr. VAN ALLEN stated that the Cincinnati Homœopathic medical college referred to in the report had never had any existence.

Further remarks were made by Drs. Bendell, Tucker and Nellis.

Dr. T. K. PERRY, chairman, read the

#### REPORT OF THE COMMITTEE ON HYGIENE AND THE RELATIONS OF THE PROFESSION TO THE PUBLIC.

\* \* \* Foremost among men to recognize in the garbage pile, stagnant pool and undrained vault the lurking germs of disease and to sound the warning note was the physician. By precept and example did he impress the necessity for pure air, pure water, thorough drainage and cleanliness. Our own society's transactions bear ample evidence of this.

The first attempt at systematizing the work here and establishing a standing committee was begun by Dr. F. C. Curtis, at that time president of the society, in 1878, and he chose for this committee some of Albany's most prominent physicians and placed at their head the late Dr. Jacob S. Mosher, a man who had few equals in our community as a sanitarian. The work of these gentlemen was most comprehensive and complete, and reflected great credit not only on the sagacity of Dr. Curtis, but the signal ability of the individual members themselves. From that time to the present the various committees have kept the work well in hand, and have given the society some instructive, entertaining, and exceedingly readable matter. Commendable as has been the work of the gentlemen mentioned, your committee still feel compelled to dwell with special emphasis on that accomplished during 1888, and which was embodied in the report of their chairman, Dr. E. A. Bartlett, at our last annual meeting. \* \* \*

The time that has elapsed has been so brief that very little has occurred in our immediate community, either in the matter of change or progress. Still we will review and record the facts.

There has been comparatively little change in the sum total of those diseases that we most dread, viz., diphtheria, scarlet fever and typhoid fever; for, while the report of last year showed 636 cases, divided as follows: diphtheria, 269; scarlet fever, 216; typhoid fever, 151; the past twelve months gives, diphtheria, 346; scarlet fever, 253; typhoid fever, 100; total, 699. It will be seen, then, that 63 more cases have been reported this year than last, and, could we believe that prompt and accurate returns were always made to our board of health, it would be evident, as a matter of course, that as sanitarians we were not progressing

very fast. But as a great many factors creep in to rob these statistics of absolute truth, such as laxity among physicians in the matter of registering, errors of diagnosis, gradually increasing population, etc., etc., it would seem very fair to conclude that, after all, we had not run behind.

We wish to call the society's attention for a moment to these figures. It will be noticed that 77 more cases of diphtheria and 37 of scarlet fever are reported this year than last, while typhoid shows 51 less. This would certainly look as if the Hudson river water was not the worst thing to drink, say what they may.

We wish to note right here that in the figures given above, all cases of a typhoid nature reported after August 25th, as occurring in the western portion of our city, have been excluded, and for the reason that such cases would seem to have arisen from causes in no wise chargeable to either infringement of local sanitary laws or laxity of city officials. The outbreak has, however, been a very serious matter, and we are glad to be able to report a gradual but sure diminution of the endemic. Your committee can but offer the hope that some gentleman in our society who is knowing more particularly to the facts, will present at a future meeting statistics relative to the origin, rise and decline of this scourge, which shows a mortality of about ten per cent.

As to our streets, there would seem to be very little improvement in their condition, for while the method adopted for keeping them clean would seem to be good, still it is a fact that, notwithstanding the dirt carts come and go, watched always by the eagle eye of the big policeman, who may always be seen holding up the nearest tree or post contiguous to said cart, still it would seem as if within the hour the street showed the same amount of dirt, the same number of tin cans, upturned cobbles and refuse matter generally as before.

As regards our public school buildings, your committee have nothing special to report, save marked progress in all new lines of sanitary teaching and scientific application, and most commendable praise for those members of our school board who compose the committee on hygiene. Through the efforts and recommendation of these gentlemen, aided by municipal authority, the various condemned buildings, Nos. 1, 9, 10, 18, have been closed permanently, while Nos. 14, 15, 19 and 21 have been or are being renovated and repaired after a manner that will place beyond cavil any doubt as to their almost perfect sanitary appointments. All new work has been most thorough and executed strictly according to latest laws and it would, therefore, seem as if we might with pardonable pride allude to our public school system, hygienic surroundings and sanitary condition as among the most perfect in the state, if not country.

While we note these facts and congratulate ourselves on the slow but certain improvement in our sanitary surroundings, \* \* \* all efforts would have failed of the object sought had it not been for the law. Instance the case in our city less than one year ago where a person, himself a city official and under oath to obey and enforce law and order, yet being compelled at the baton's end to surrender the dead body of his child, which had succumbed to a severe diphtheria, to the proper authorities and after the manner prescribed by law. Yet such things used to be that one could bury when, where and after whatever manner he pleased, be the cause of death and the resultant circumstances what they might; none could come forth to say nay, for the law was not yet. Gradually, however, its strong arm was extended, and beneficent results followed, and can but continue. There was passed during the legislative session of 1888, and approved by the Governor May 26th of same year, a law entitled "An act to secure the registration of plumbers and the supervision of the plumbing and drainage and ventilation of buildings in the city of Albany." It has had one year's trial. No part of a building, old or new, large or small, public or private, so far as such relates to heating, lighting, ventilating, etc., can be covered, re-covered, made new nor patched up without first undergoing the most careful testing and inspecting and, finally, approval. It is too early as yet to criticise either this law or its workings, but it would seem, *a priori*, as if naught but the most beneficent results could follow. \* \* \*

And now, Mr. President and gentlemen of the society, having concluded our duties as a committee, we feel it incumbent upon us to take up the more serious

task of recording our loss by death. Your committee was appointed in October, 1888, and consisted of Drs. R. H. Sabin, W. H. Murray, E. A. Bartlett, J. H. Mitchell and T. K. Perry. Scarcely had we received official notice of our appointment, and before we had as yet organized for the prosecution of our work, Dr. Sabin's death occurred. This was a most serious loss to our working force, and we all deeply felt how valuable to us would have been the doctor's wise suggestions and large experience. He was our oldest and ablest member, and his long years of active professional work could not have been productive of other than most valuable practical information, and we wish at this time to express not only our sincere regret at the loss our society and the community in general have sustained in his death, but especially our committee, of which he was so valued a member.

The report was then accepted.

Dr. J. V. HENNESSY presented the Treasurer's report, as follows :

*Receipts.*

Cash on hand at beginning of year.....	\$214 07
Received from dues and initiation fees.....	116 58
Total.....	<u>\$330 65</u>

*Expenditures.*

To W. O. Stillman, for Secretary's use.....	\$47 50
Burdick & Taylor, for printing, etc.....	44 50
Sampson, Murdock & Co., Directory.....	5 00
Postage stamps, envelopes, messenger, etc.....	5 50
Total.....	<u>\$102 50</u>
Balance on hand.....	228 15
	<u>\$330 65</u>

Respectfully submitted,

J. V. HENNESSY, *Treasurer.*

On motion, the President appointed an auditing committee, and named Drs. Perry, Bailey and Schutter as such committee to examine the treasurer's accounts. The committee subsequently reported that the Treasurer's accounts were correct, and their report was accepted and the committee discharged.

The Treasurer's report was accepted.

The Treasurer asked what was to be done with delinquent members—whether the by-laws were to be enforced.

After discussion by Drs. Morrow, Perry, Van Allen, and others, on motion of Dr. Van Allen, seconded by Dr. Tucker, the Treasurer was directed to comply with the by-laws. A list of those in arrears was then read.

Dr. Howard Van Rensselaer and Dr. Adam Blessing were then, on Dr. Tucker's motion, elected to membership.

Dr. CURTIS offered the following :

*Resolved*, That the society take its quota of twenty volumes of the Transactions of the State Medical Society, and the Treasurer be directed to pay the Treasurer of the State Society thirty dollars for the same; also that the Treasurer be authorized to dispose of these copies to members at \$1.50 each. Carried.

Dr. T. F. C. VAN ALLEN presented the report of the Committee on Revision of the By-Laws.

After prolonged discussion, and the adoption of a new series of by-laws as far as the close of Chapter V, Article III., on motion, the further consideration of this report was postponed until the next regular intervening meeting, which shall be an adjourned annual meeting, and the adjournment of the present meeting shall be considered a recess.

President D. H. COOK then delivered the annual address, on

#### THE TREATMENT OF ABORTION.

Allow me to briefly call your attention to-day to the treatment of abortion. To the general practitioner, and especially to the young practitioner, it is a subject of great importance, and the different ways of treating it are so diverse that I thought a few minutes could be profitably spent in its consideration. As all of you are aware, the subject of treatment is generally divided into the conservative, or expectant, and the radical, or active. When called to a case of threatened abortion, the first duty of the medical man is to find the extent of damage done to the ovum, and count the chances of saving it; and if after careful investigation, he decides that it has gone beyond the stage of safety, the question of treatment is the next consideration; and often the life of the patient depends upon the decision he makes and his ability to properly carry it into execution. Many will advise you to let nature alone, saying that meddling is dangerous, and probably they will tell you that they never in their lives emptied a uterus at one, two, three or four months by mechanical means, and that their patients all recovered. I well remember the advice one of my consultants gave me years ago, in a case that I saw as second man, being forced to a consultation. He said that he never syringed out the womb, and never lost a case. So I stopped syringing out that patient's womb, and we had the misfortune to lose our patient. There is something about human nature that likes to recount success and bury misfortune.

But before commencing our treatment, let me recall to your memory the positive necessity for absolute cleanliness in regard to all things that are to come in contact with the genital organs. First, the instruments should be absolutely germ-free, and this I ordinarily secure by dissolving nitrate of lead in hot water and then adding chloride of sodium. In this solution, which is practically costless and made in a moment, I place my instruments and thoroughly disinfect them. They are then to be carried in such a manner as not to come in contact with soiled bodies of any kind. Never allow any person to handle them at the bedside unless they are thoroughly clean, and then they must not touch any part but the handles; also be careful where you lay them. Don't put them down on soiled clothing or any substance that might possibly infect them. Having seen that your instruments are all right for use, look to your own personal cleanliness. It is the duty of every practitioner to thoroughly disinfect his hands at home after every contact with a substance that might breed disease in a lying-in woman. But let us concede that we all do that. Now that we are at the bedside, let us thoroughly wash our hands in a clean vessel, using clean water and plenty of soap, then clean our nails thoroughly and dry our hands on a towel that has not been used since it came from boiling water. We may now feel that our hands are safe; but are they? Yes, if we do not forget ourselves and, before we think, stick them into our pants pockets, where we probably had them before we washed them, or forget and find that our nasal appendage needs repair, and use our digits for that purpose, or thoughtlessly use a finger for the purpose for which the ear-scoop was invented. All these things may seem trivial, but I believe that they have cost hundreds of lives.

At the bedside what condition do we find? Probably a uterus that has responded to some attempt of its owner to force an abortion; and we are familiar with the many devices that the knowing woman gives to her friends. Of course, on our inquiry, the patient has done nothing to bring this about; but this fact don't interest us now. We find a condition, and it is our duty to treat it, and to use the best means to restore health. Shall we wait for nature to do the job when nature has already been perverted, and allow this woman to flow, probably



day after day, till she becomes almost exsanguinated—till material that has become detached, and not thrown off, gives us the characteristic odor of putrefaction, with all the attending dangers of septic poison, and then, after the case has become serious, attempt to remedy it, or shall we actively interfere? Ah! but Mr Conservative says that any attempt to enter the uterine cavity with instruments is positively dangerous; that we may kindle up peritonitis or do damage to the surrounding parts. Possibly this is so, but I have performed this operation a great many times, and I challenge any one to present a case where peritonitis has followed. In fact, I think that the danger from promptly emptying the uterus (and when I say emptying the uterus I mean to empty it clean—not leave enough behind to cause the trouble you have sought to prevent) by a competent operator is hardly worth taking into consideration.

Now that we have decided on active interference, when is the time and what instruments shall we use? Well, on examination of the neck of the womb, we find that some action has gone on. We may find that it is dilated to the size of a pipe stem and quite hard, or, more probably, we find that dilatation is quite extensive and the neck soft and yielding. We may find that the patient has been ailing some time, and in the third or fourth month the child has possibly been thrown off, and still she flows excessively; or you may be called in late in this case, where the portion that remains behind has already become offensive. I could enumerate many conditions, but they are familiar to you, and it is unnecessary. I make a rule, when called to a case of threatened abortion, if it has advanced to a stage where I consider there is no chance to prevent it, and if the parts are dilated sufficiently to admit the loop of a curette, to see that the patient is safe from all the long chain of attending dangers before I leave her.

Now as to the instruments. I show you a pair of long dressing forceps and a dull curette. This curette I bend slightly at the base of the loop. You see that the handle is so made by the manufacturer that we can always tell how the bent surface faces. This pair of forceps has served me well. I have used them for years, and have at times laid them aside for the regular placental forceps, but only to use them again by preference.

As to the position of patient during the operation, that is simply a matter of choice. I ordinarily have the patient on the back with the legs drawn up and widely separated. Sometimes though, when the bed is soft, so that the buttocks sink down in the bedding, I have found it more convenient to have the patient lie on the side, with the back towards me, legs drawn up and body diagonally across the bed. Now then, if the neck is dilated sufficiently to admit of my forefinger, I place one hand on the abdominal wall over the uterus and introduce the finger of the other in the womb, and make my diagnosis of the condition of its contents. If the neck is not sufficiently dilated, in place of my finger I introduce this curette and use it as an aid in diagnosis. Most writers tell you to dilate the neck with tents or some mechanical means, but I am free to state that I never resort to tents or patent dilators for this purpose. A little work inside of the womb with a curette will often surprise you by the softening and dilatation of the neck. Occasionally I have brought this slender pair of forceps to my aid as a gentle dilating force, and you will all concede that this instrument would not be likely to do much harm in injuring the tissues. It is said that practice makes perfect, and the adage holds true in this case to a certain extent, for in your after-manipulations you will gain a dexterity with this little curette that will surprise yourself. You read in books to introduce the curette under one side of the contents and peel them off. Well, this reads very nicely, but practically they don't peel off so nicely, and you will often withdraw the instrument and with your finger feel what remains to be done. Then, with one hand on the abdomen, you can place the womb in a position most convenient for yourself, and with the finger or curette (or, as I often do, introduce the curette by the finger) in the womb, peel off and remove, aided by the forceps if necessary, every vestige of its contents. Sometimes the placental tissue will firmly adhere to the fundus, and with the unaided finger you will have some trouble in reaching it, but with the curette you can ordinarily remove it very readily. Your finger will give you an idea of

the best way to use the curette, and using your handle to keep the bent surface towards the inside of the womb, you can remove the adherent part without any danger of injuring the womb tissue.

Now that you have thoroughly cleaned out the womb you will find that the amount of curetting you have done has produced contraction, and that your patient's profuse flowing has ceased, and that it will not be necessary, in the ordinary case to resort to any local applications. Of course, there is a class of cases that you see late, where the conservative plan has been tried and the result has not been satisfactory, and your patient has had a chill, or a series of chills, due to septic absorption. In these cases you will thoroughly clean out the womb, and then just as thoroughly wash it out, and repeat the washing as often and for as long a time as the necessity of the case may call for. As to the rate of mortality under this treatment, I have only to say that, if performed before septic infection has taken place, I have never, in my own experience had a case prove fatal; and, furthermore, I am able to say that I never have lost a case of abortion where I was the first medical man in attendance and resorted to the active method.

I will now report a few cases that I have cared for recently.

**CASE I.**—Mrs. D. Called in the evening. I found that she had skipped her menses for four months. On the morning of the day in question she was taken with pain, and the foetus escaped from the uterine cavity. All day she had flowed, and, becoming alarmed at the extent of the hemorrhage, sent for me. I found, on examination, that a portion of the placenta protruded from the external os and readily came away, but on making an intra-uterine examination, I found quite a portion still adhering to the fundus. With the use of finger and curette I removed it, leaving the cavity of the uterus clean. Her flowing ceased almost entirely, and she made an uninterrupted recovery. Time spent at house of patient about twenty minutes.

**CASE II.**—Was called to see Mrs. K. in the evening. Found that she was flowing profusely and that she had skipped her menses for the second time. With the use of curette and finger I readily removed every vestige of the contents of the womb. Flowing ceased and she made an uninterrupted recovery. Time spent at the house about twenty minutes.

**CASE III.**—Called to see Mrs. C. in the evening. Found that she had skipped her menses for three times, and was flowing quite freely. Neck soft, and could readily feel contents of womb through neck. With the finger, curette and forceps I removed all the contents of the womb, and flowing ceased and patient made a speedy recovery. Time spent at house about twenty minutes.

These three cases illustrate very well what we have to contend with, and further enumeration would be but a repetition. The greatest trouble following class of cases treated in this way is to keep the patient from over-exertion.

The following resolutions were moved and adopted :

*Resolved*, That the thanks of the society be tendered to President Cook for his valuable and interesting address.

*Resolved*, That the practical importance of the topics presented in the annual address of President Cook, and in the semi-annual address of Vice-President Houston, render it desirable that these topics should be the subject of discussion at our coming intervening meetings.

The society then proceeded to the election of officers for the ensuing year, with the following result :

*President*—Dr. U. B. La Moure.

*Vice-President*—Dr. D. Fleischman.

*Secretary*—Dr. W. G. Macdonald.

*Treasurer*—Dr. J. V. Hennessy.

*Censors*—Drs. D. H. Cook, D. W. Houston, D. C. Case, M. J. Dwyer, W. L. Schutter.

After a discussion of the subject of election of delegates to the State Society, by Drs. Bendell, Curtis, Fleischman, and others, the President decided that no vacancy existed to be filled.

- On motion, the society took a recess until the first intervening meeting.

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## NEWS ITEMS.

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### THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The next annual meeting will be held in Albany, February 4-6, 1890.

The business committee has been appointed as follows: Dr. George H. Fox, 18 E. 31st street, New York; Dr. Henry Flood, Elmira; Dr. Herman Bendell, Albany.

Application should be made *before January 1st*, by those desiring to secure the proper arrangement of time and subjects.

Papers should not exceed fifteen minutes, and the title should accompany the application, which may be made to any member of the committee.

DANIEL LEWIS, *President*.

62 PARK AVE., NEW YORK, Oct. 10, 1889.

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THE AMERICAN ACADEMY OF MEDICINE is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M.D. All recipients of both degrees, literary and medical, are requested to forward their names, at once, to Dr. R. J. Dungli son, 814 N. 16th street, Philadelphia, Pa.

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## PERSONAL.

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—Dr. W. W. Betts ('83) has moved from Valatie, N. Y., to Minneapolis, Minn.

—Dr. F. S. Snow ('89) has succeeded Dr. W. W. Betts in his practice at Valatie, N. Y.

—Dr. Martin McHarg ('85) was married October 9, 1889, to Miss Minetta Crounse, of Albany.



**S**

60 Metres: at 4 Metres, 0.066 of Normal Vision.

**P**

30 M.: at 4 M., 0.13 of N. V.

**T**

20 M.: at 4 M., 0.20 of N. V.

**E**

15 M.: at 4 M.,  
0.26 of N. V.

**A**

10 M.: at 4 M., 0.40 of N. V.

**N**

8 M.: at 4 M., 0.50  
of N. V.

**O**

6 M.: at 4 M., 0.66  
of N. V.

**B**

5 M.: at 4 M., 0.90 of N. V.

**L**

4 M.: N. V.

TEST-TYPES,

SUGGESTED BY

*D. C. Mc Culver*

# ALBANY MEDICAL ANNALS.

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## TEST-TYPES.

BY C. M. CULVER, M.A., M.D., ALBANY, N. Y.  
(A. M. C., '81.)

[*For Albany Medical Annals.*]

If Charles Lamb had been acquainted with the reverence commonly felt for test-types, he might have included, in his "Popular Fallacies," a discussion with the title: "That test-types mysteriously communicate much, concerning eyes that read them, besides their acuteness of vision."

It required some years of experience, in practice, to enable me to make the blank form, of order of examination of eyes, that I now habitually use, as satisfactory to me as it now is. It is not yet, in my opinion, faultless. I think I can now designate some of its faults, which I purpose remedying, as soon as it is practicable to do so, in reprinting. But, in that form, the use of test-types is the seventh method. Before it come Inspection, Subjective History, Family History, Keratotomy, Ophthalmoscopy and Koroscopy. But I frequently notice, on reaching the use of test-types, what seems to be a feeling, on my patient's part, that, the prelude having been concluded, the real examination of the eyes is impending. As a matter of fact, I use test-types mainly for the determination of the *acuteness* of vision, and as confirmatory of the results of the previously employed methods of examination. In planning the order above referred to, I commenced with the suggestions of Dr. Noyes, found on page 22 of his classical work on "Diseases of the Eye." Useful hints have been obtained from Mr Carter's chapter on "Examination of the Eye," in Carter and Frost's recently published work on "Ophthalmic Surgery." For my own use, I prefer my own form; but that statement is not designed to be, in any sense or degree, adverse criticism of Dr.

Noyes or Mr. Carter. Choice between such forms, within proper limits, may be a matter *de gustibus*, concerning which, it is said, *non est disputandum*. The same methods appear in the different forms in question; the differences are in the order of the methods. So Mr. Carter, when I was last with him, wore a silk hat, and I didn't. The head of each was properly protected by what was worn; the difference may be explainable as a proper difference in tastes.

As tests of the *acuteness* of vision, test-types are very useful. It is, naturally, desirable that we should have those which are really what we think them. There are visual defects that, *per se*, are not at all to be remedied by glasses. A cataract, as it ripens, gradually diminishes the acuteness of vision, and there is no means of augmenting the latter by glasses which shall contravene the effect of the cataractous opacification. But the determination of the arrival at maturity, of the opacification, is greatly aided by the use of test-types. The old-fashioned rule, of operating whenever the cataractous eye failed to count the patient's fingers, at the patient's arm's length, has pretty well sunk into "innocuous desuetude," because of the different sizes and colors of different persons' fingers, and corresponding differences in the lengths of different persons' arms.

While in Landolt's Paris clinic, about a year ago, I saw a test-type arrangement which offers greater uniformity for such examinations of acuteness of vision. It was a circular, white card about 15 centimetres in diameter, on one side of which was a black "O," whose greatest diameter was 10 centimetres, *i. e.*, the size of the type which, in Dr. Snellen's scale, is to be read, by the normal eye, at a distance of 60 metres. On the reverse side was a letter "C," of the same diameter with the "O" and without any uprights at the upper part of the hiatus in its circumference (which uprights would, if present, lessen its similarity with the "O"). If a patient, at a certain number of metres, could distinguish between the letters on the obverse and reverse sides of the card just described, he had as many sixtieths of normal vision as the card was metres distant from him.

(Note: In using one of these cards, which I draughted for myself, I have found it best to keep it entirely away from the patient's sight, before its direct use, or have the "O" side, only, visible, so that the patient may not, in advance, know what to expect.)

I make the examination of claimants' eyes, for this vicinity, when ex-soldiers desire pensions from the government, for eye-injuries. The gentlemen in authority, in the Washing-

ton Pension Bureau, suggest a report relatively to the use of Dr. Snellen's test-types, the height of each of which, at the distance at which the normal eye is expected to read it, subtends an angle of about five minutes. The procuring of accurate test-types is not at all the easy matter that it might be thought. The present writer deemed their obtaining a simple matter, until he commenced to investigate them accurately, when he learned that the simplicity vanished, for the careful investigator.

I have some test-types published by the best known Paris firms, others issued by the best American houses; have lately had some made by the "sand blast process," from plans of my own, by Messrs. Curry and Paxton, of London; but, allowing that any one of these sets is accurately made, the others will be wrong. The height of a Snellen letter, in the card published by one of the most renowned publishers in Paris, is one-six-hundredth of the distance at which the letter is expected to be distinguished by the normal eye. In another card, issued by a Paris house, and purporting to emanate from a learned colleague, the proportion of the letter-height to the distance at which the letter is to be read by the normal eye is less than one-four-hundredth. As Dr. Edward Jackson has written to me, in this connection, "Snellen's letters are often incorrectly printed; the height of the 6-metres letter should be about 8.7 millimetres, the tan. 5', with R equal to 6 metres."

Although I do not know Dr. Snellen personally, his professional work has long and often favorably attracted my attention, and what I have known of him, through Landolt, has led me to admire the gentleman. Hence, I do not wish to be misunderstood, from what is in this article, as at all adversely criticizing Dr. Snellen's test-types.

Some time ago, Dr. Edward Jackson, of Philadelphia, had some test-types made, which, for the same distances, are only 90 *per centum* as large as Dr. Snellen's. In the spring of 1889, after having completed a day's work in my consultation-room, my eyes seemed to object to being required to study books in the evening. As I much desire to study books, and find evening the most convenient time for that, I sought a reason for this recalcitrant action on the part of my eyes. Mydriasis and test-types were essayed, but I found it difficult to form a subjective judgment with which I was content.

In '82 I commenced the study of the shadow test with Mr. W. Lang, of Middlesex Hospital, in London. After six years' work with it, I came to regard it as favorably as Mr. Lang did when he wrote concerning it what appears on page



506 of "Treat's International Medical Annual" for 1889. During my long endeavor to achieve skill with this method, Dr. Edward Jackson helped me very much. Last spring I wanted my refraction determined by that method; accordingly I went to Philadelphia, and asked Dr. Jackson to prescribe, optically, for me. He did so, most satisfactorily to the patient. At that time, though my eyes were fully homotropized, and at least some spherical aberration was militating against their exercise of the visual function, they had 125 *per centum* of normal vision, even according to the standard laid down in the construction of Dr. Jackson's test-types. Since that time I have found that a number of patients had even better vision than that. Twenty-thirteenth of Jackson-vision has several times been found. That was present, for instance, in case 1482, and still the boy had compound, hyperopic astigmatism, which troubled him much before its correction by appropriate glasses, and whose correction has afforded him much relief. Hence, it has occurred to me that greater demands, on the part of test-types, might not be bad qualities.

Accordingly, I have had some test-types engraved, shall have them mounted in convenient form for office use, and ask some of my colleagues, to whom I shall send the letters, to test them in cases where  $V > \frac{1}{10}$  (Snellen). It is not my intention, or desire, to supersede either Dr. Snellen or Dr. Jackson. The latter's types are published by Messrs. James W. Queen & Co., of Philadelphia. I have written to Dr. Jackson, inviting him to "call me off" if the publication of my proposed four-minutes test-types would interfere in any way with his designs. In his answer, dated October 10, '89, he has written: "Go ahead with the smaller test-types; you will not interfere with any plans of mine."

It seems to me that such test-types may be generally useful in the practice of ophthalmology. My desire is that they may be thoroughly tested. If those colleagues, who shall make such tests, feel disposed to communicate to me the results of them, it will, of course, afford me gratification.

Appended are specimens of the types in question, with notes affixed, of the distances at which the normal eye is to read them. The distance named opposite the smallest of the letters is four metres. If that be less than can be accepted as the oculist's "infinite distance," the accommodation used for reading at that distance is 0.25 dioptry. This is easily considered, if necessarily, in the estimation of ocular refraction.

## NOTES ON ZOOTIC CELLULITIS, OR "PINK-EYE."

By C. M. CULVER, M.A., M.D.

[For *Albany Medical Annals*.]

The ALBANY MEDICAL ANNALS, in its issue of July, 1889, told something of what I then thought of the use of the term "Pink Eye." It has never afforded me much gratification to discuss this matter privately or publicly; it seems to involve too much of what Mr. Carter\* calls the "personal element," and have too little of the scientific value which I should prefer to have characterize my published writing. But there are two ways in which the discussion may possess some utility. In the first place, some men have used the name because of its catchiness, and because it made them appear, to them with whom the name was a novelty, as enterprising, penetrating discoverers. I regard it as worth some pains to let charlatans know that *not everybody* is deceived by their *calembours*. Again, a colleague who has my cordial esteem, and who is perfectly "regular," told me, in September, that he had often called eye-troubles "pink-eye," in a jocular way, not knowing that the term had been abused, not meaning to call the victims of the ocular disorder either horses or asses, and not supposing it could be construed as a reflection on his colleagues. I did not get the impression that this gentleman had used the term in real diagnosis. Perhaps such gentlemen may be induced, by what has been published about "pink-eye," not to joke about the term; it appears to me that it would be advantageous if nobody would use the term as applied to any human disorder.

Robertson,† an authority in equine medicine, writes: "One manifestation of the catarrhal type of influenza—occasionally prevalent in certain seasons and in particular localities—has been, during late years, so distinctly marked and possessed of leading features so striking, notably the color of the conjunctival membrane, that it has by many been regarded and spoken of as a distinct and separate affection, under the name of pink-eye, or epizootic cellulitis. This, however, is probably better regarded as merely a modification of the simplest form of fever we are now examining than as an affection differing essentially from it."

This is under the heading "Influenza." The same author adds: "The conjunctiva is of a clear pink color, hence the name pink-eye."‡

\* Carter, *American Journal of Ophthalmology*, Jan. 1889, page 19, line 33.

† Robertson, *Practice of Equine Medicine*, London, page 56.

‡ Note that the author thus quoted is discussing a horse-disease.

Dr. Edward Moore, an Albany authority, a member of the Royal College of Veterinary Surgeons, has told me that "pink-eye" is not even a distinct horse disease; that it differs from constitutional ophthalmia slightly, in appearance, greatly in reality, they being two affections, the former being only a symptom of influenza, and the latter a disease by itself; that "pink-eye" is not a human complaint, and not even a well-defined lower-animal disorder, but is simply a *form of epizootic influenza*.

Dr. Moore has since written to me: "Equine influenza assumes various types at different times, sometimes as a sporadic and at others as an epizootic disease. It is a febrile disease attended with great prostration of strength and with inflammation of some or all of the mucous membranes. In 1872 and 1873 the widespread horse sickness of America, commonly known as 'the epizootic,' was due to influenza of the catarrhal type, while the more recent outbreaks have been characterized largely by inflammation of the conjunctival membranes, and hence known in vulgar parlance as 'pink-eye.'"

Our famous collaborator, Mr. R. Brudenell Carter, of London, Fellow of the Royal College of Surgeons, has written to me, in a letter dated July 8, 1889: "In reply to your inquiry of the 19th of June, all I can say is that I have seen, within the last year or two, advertisements of some proprietary preparation as a remedy for 'pink-eye' in the horse; but I have never, to my knowledge, seen a case of this 'pink-eye,' and I do not in the least know what is meant by it. In all probability the name is applied by farmers, grooms and common people to several different afferent affections.

"With regard to the human subject, I have neither seen nor heard of any unusual form or unusual prevalence of conjunctivitis, either in hospital or in private practice; and, before replying to your inquiry, I have asked some of my colleagues, with the result of hearing that their experience has been the same as my own. The only information I can send is, therefore, that I have nothing to say."

In a letter dated September 26, '89, Dr. Charles A. Oliver, of Philadelphia, has written to me: "The reprint of 'Pink-Eye' has just reached me. Your question is very practical and to the point, and I am sincerely glad that you have taken the occasion to object to a meaningless vulgarism."

In a letter dated September 30, '89, Dr. Lewis H. Taylor, of Wilkesbarre, Penn., has written to me: "I have never seen any thing that I have diagnosed 'Pink-Eye.'"

In a letter dated October 23, '89, Dr. G. E. de Schweinitz,

of Philadelphia, has written to me: "Pink-eye is a stupid name. I quite agree with you. It is curious how much it is used at the present time."

Dr. J. E. Weeks, formerly Resident Assistant Surgeon to the Ophthalmic and Aural Institute, of New York, has sent me a reprint of his valuable article on "The Pathogenic Microbe of 'Acute Catarrhal Conjunctivitis.'" On the cover of my copy, when it reached me, was, in manuscript, "Pink-Eye." In the article itself is plainly shown that the title of the paper gives the proper name of what has been misnamed "pink eye."

Since I commenced investigating this pseudonymous disorder a pupil in the popular school alluded to in my former article on the *sobriquet* "Pink-Eye" called on me, having a marked case of acute catarrhal conjunctivitis. From the subjective history I knew that we were about to deal with a case of the formidable "pink-eye," concerning which I had heard so much. But nothing hinted that this case was part of an epidemic. The case in question was a somewhat severe one, requiring that the spasm of the *contractor pupillæ* muscle, which is often one of the symptoms of acute catarrhal conjunctivitis, should be combated by the use of a mydriatic; but the conjunctivitis yielded to just such treatment as I have applied hundreds of times in similar cases, and I did not notice, during the time of its existence, any systemic weakness or any thing at all equine about the patient.

As an example of the catchiness of the name, I may add that she has since been *quasi* reproachful because I had not cited the case in the previous discussion, since I had told her, at the outset, that hers was a typical case of the so-called "pink-eye" that had been alleged to have invaded the school she attended.

The present writer hopes that this article may be a complement, rather than a supplement.

As applied to any human malady, "Pink-Eye" is what Dr. Oliver calls it, a "meaningless vulgarism."

VOMITING IN PREGNANCY.—A writer in the *Lancet* says: "I have not failed once for twenty years, by a single vesication over the fourth and fifth dorsal vertebræ, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pudendi of the puerperal condition yielded as readily and to one application."

REPORT OF A CASE OF TUBERCULOUS  
NEPHRITIS.BY J. H. REILLY, M.D., FAIRHAVEN, VT.  
(A. M. C., '86.)[*For Albany Medical Annals.*]

I was called on the 11th of April, 1888, to see S. B., aged 17, and found her suffering from severe pain in the region of the bladder. Her family history was very obscure. She stated that her trouble commenced about two years previous, by pain in the region of the bladder and frequent micturition, which afterwards became very painful. That attack confined her to her room for about two months, after which she recovered and became well enough to attend school. Between the first attack and the present one she had two acute attacks running about the same course as the first one. She had noticed a gradual loss of strength since her first attack. She had no cough, pain in the chest, night sweats nor any history of rheumatism. Her last trouble commenced about two months previous to my seeing her. She complained principally of frequent painful micturitions and constant pain in the region of the bladder. I made a general examination, and found her much emaciated and very anæmic. I could not detect any abnormal condition of the lungs. The area of cardiac dullness was not increased, but a systolic murmur could be heard over the aortic orifice, which I attributed to her anæmic condition. There was no tenderness in the lumbar region, but palpation over the region of the bladder caused great pain. There was no abnormal condition of the urethra found. Œdema was not present. The urine which had accumulated in the vessel showed a large quantity of pus. Thinking it a case of chronic primary cystitis, I directed my treatment to the bladder. I tried to wash out the bladder with a solution of bi-borate of soda; but the meatus was excoriated and sensitive, and, not having any cocaine with me, I did not succeed. The next day, after applying to the meatus a ten per cent. solution of cocaine, I succeeded in passing the tube of the Davidson syringe into the bladder, but that organ was so sensitive that it would not tolerate over an ounce of the solution, and I injected into it two drachms of the solution of cocaine, but the whole procedure was so painful I had to give up the attempt. I prescribed for her a pill containing benzoate of soda gr. 4, ergotin gr. 1, ext. of hyoscyamus gr. 1, to be

taken every three hours, and also a tonic of iron, arsenic and strychnia and a diet consisting principally of milk. An examination of the urine revealed at this time a large percentage of albumen; the microscope showed a large quantity of pus, epithelium and phosphatic crystals. I did not discover any casts at this time, but three weeks later hyaline casts were present in abundance. Her condition during the next month was somewhat improved, but not to any great degree. About the first of June, six weeks from the time I had first seen her, her vesical symptoms were more aggravated, gastric disturbance had commenced, and a slight cough had developed, with pain over the apex of the right lung. Hectic fever was also present, with evening exacerbations. An examination of the lungs at this time revealed dullness and moist râles over both apices and the left base. Later on, tubal respiration could be heard, and the expectorated matter from the lungs was purulent. From this time up to the middle of August, when she died, her vesical pains were very severe, and could only be partially controlled by keeping her on large doses of morphia.

The autopsy showed that emaciation had reached an extreme degree. Tubercular deposits were found all through both lungs and pleura, which were firmly adherent in places. Nothing abnormal was found about the heart. The liver was in a healthy state. The right kidney was large and pale, its capsule adherent. No tubercular deposits were found within it. On opening the left kidney about an ounce of pus was found in its pelvis, and a pyramidal-shaped tubercular deposit had taken the place of each pyramid, some of which had broken down in the center, and the cavities connected with the pelvis were filled with a greenish, purulent matter. The ureter connected with this kidney was about a half an inch in diameter and its walls very thick. The walls of the bladder were very much hypertrophied; its cavity was contracted. At the opening of the left ureter there was a large ulcer, probably produced by ichorous pus from the kidneys. The mucous surface of the ureter throughout was congested and roughened by elevations about the size of a pin's head, which I supposed were miliary tubercles. The peritoneal glands were in a state of tuberculous degeneration. The mucous surface of the stomach was also congested. The spleen was found in a normal state. The brain was not examined.

I think there can be little doubt as to which organ the primary trouble originated in. From the fact that her trouble dated back almost three years, and that pulmonary

symptoms manifested themselves only two months before she died, I think it is safe to assert that the kidney was the organ primarily affected and that the deposit in the lungs was secondary to it. As for the bladder being the primary seat of the deposit, I think we can exclude that view; otherwise the probability is that, instead of the disease making its way up one ureter, it would be apt to involve both. There was also some doubt as to whether the elevations I referred to as existing in the bladder were tubercular or not. There was no ulceration in the bladder, only what was at the opening of the ureter. Roberts, in his treatise on urinary diseases, states that in primary tuberculous nephritis the urinary symptoms are the most prominent from the commencement of the deposit until the termination of the disease, while secondary deposits rarely give rise to any distinct symptoms, and that the deposits in secondary cases are minute, varying in size from a pin's head to a pea, and that they are scattered chiefly over the surface and through the cortical substance of the gland. In this case the cortical portion of the gland was free from the deposit which had affected the pyramids within it. The cortical columns between the pyramids were also free from the deposit. In fact, the deposit was confined only to the secreting portion of the gland.

Great stress is, by some observers, given to the various shaped epithelium cells found in the urine as a means of differentiating diseases of the kidney from those of the bladder. From the condition found at a late stage of the disease this means of differentiating would be deceptive. Tubercular deposits taking the place of the tubules, and the pelvis being devoid of epithelium, the urine could only contain bladder epithelium; and, reasoning in this way, our diagnosis would be referred to the bladder. Dr. Schmidt, in a late article in the *Medical Record*, speaks of palpation of the ureter as a means of diagnosing diseases of this nature, and cites a case of secondary tuberculous nephritis in which, by finding the tubercle bacillus and palpating the ureter, with other symptoms referable to the kidney, he diagnosed the condition. In his cases he could feel the ureter on the left side for about an inch from the bladder, enlarged and tender.

Primary tuberculous nephritis, says Dr. Roberts, rarely runs its entire course without the occurrence of tubercular deposits in other and unconnected parts of the body.

## ABSTRACTA.

NOTE ON THE DETECTION OF COLOR-BLINDNESS.—By F. W. Edridge-Green, M.D. The subject of color-blindness seems to be occupying considerable attention at the present time, but few seem to be aware of the imperfections of the tests used by the different railway companies.

I will not deal with tests which are manifestly useless, but confine myself to the test which is recommended by many as an efficient one—I mean Holmgren's wool test. At an early period in my experiments on color-blindness I found that there were very grave objections to this test from a practical, as well as from a theoretical, point of view. I will confine myself to the practical aspect of the test.

I. Who are we to reject by this test? If we reject all the (so-called) partially red and green blind, we shall reject many persons who are practically competent. If we only reject the (so-called) completely red or green blind, we shall allow many persons who are dangerously color-blind to officiate as signalmen. The test is more theoretical, the main object of testing for color-blindness being apparently lost sight of; thus it has to be proved that a man who put a confusion color with a green wool cannot distinguish between a red and a green light. Then when a man has put a confusion color with a green wool there is still the point to be decided whether he has been judging more by shade than by color. To an uneducated man a light green and a light greenish gray are very much alike. In my experience an ignorant four-unit color-blind (that is, a person who is partially color-blind, but not color-blind to any extent necessitating his rejection) is more likely to fail than an educated two-unit (red-green color-blind).

II. A person with central scotoma will escape detection if examined by this test. For example, I examined a person with central scotoma with my pocket color test (in which small pieces of colored material are ranged in rows) and found him perfectly color-blind with respect to red, green and gray. I then examined him with Holmgren's test, and he went through it correctly with the greatest ease. As a light at a distance occupies the central portion of the field of vision, these persons will be found to recognize colors when close to them, but not when they are at a distance.

III. The red end of the spectrum may be considerably shortened, so much so that a person may scarcely be able to distinguish red from black. It is obvious that this will not prevent him from matching a light green wool with other green wools.

IV. The test being based on a fallacious theory, instead of upon practical observations, repeats all the errors of this theory.



Some of the features of the test are really due to impurities in the colors used.

With regard to the test which should be used. If the persons to be tested have to distinguish between the standard red and green lights, these lights should be used as a basis of the test, because if any other tests were used we should still have the same problem before us from a practical point of view. Space will not permit me to go into the details of my test. Briefly, I put the person to be tested in as nearly as possible the same conditions as he would be likely to be in when following his employment. Thus, in combination with colored glasses, I use special kinds of neutral glass of different degrees of thickness. These glasses obstruct the light in the same way that the atmosphere or fog does, and, therefore, puts the examinee in a similar position to that in which he would be likely to be. It is perfectly certain that a color-blind person cannot judge by the intensity of a color when there is a thick neutral glass in front of it. Naming colors is certainly the best method under these circumstances, because it is the expression of the idea present in the examinee's mind. Ignorance of colors would be quite as fatal as color-blindness, if a sailor *thought* that a red light was called green and steered as directed for a green light. I think the argument that Holmgren uses against naming colors is really one in favor of it; thus many uneducated men who would put a light greenish gray wool with a light green wool would not make this mistake if told to pick out all the greens.

With regard to the person who should conduct the examination for color-blindness. There seems to me no doubt that the testing should be conducted by a medical man specially trained in color-blindness. Testing for color-blindness is not an easy matter, considerable experience being required to make an efficient examiner.

I am strongly of opinion that we shall make no real advance until a committee is appointed to report on the subject and to examine and appoint properly trained examiners. I know of one case in which the examiner himself was color-blind.

I hope that color-blindness in connection with railways will be considered before some great railway accident draws universal attention to the subject and the worthlessness of the tests in use.  
—*Med. Press and Circular.*

**TREATMENT OF GONORRHOEA.**—In the first stage of the affection, simply alkaline dilutents and sedatives internally, making use of such adjuvants as dipping the penis in hot water, etc.; and, in the second and third stages, giving injections of lanolin, medicated with an absolutely unirritating antiseptic, to which may be added, in the third stage, a mildly astringent and stimulating antiseptic. I have been using, during the last six or seven months, the hard rubber applicator; it consists of a catheter-like

stem, perforated at its end, which is inserted into the urethra to the proper depth, a box to contain the ointment, and a piston which is screwed into the box, driving the ointment before it into the stem, and thence, through the perforations, into the urethra. When properly performed, an injection given with this instrument causes absolutely no pain or discomfort for the patient. But sometimes a sudden movement on his part will jog the stem against some tender spot, and evoke an immediate and earnest protest. To obviate this, and to leave nothing undone that could in any way assist in avoiding irritation of any kind, I have had some vulcanized soft rubber stems constructed, which answer the purpose very well. The square shape of the second (modified) box is of advantage in affording a securer hold on it. The stem need not be inserted as deep as its length will permit; the flexibility of the lanolin and elasticity of the urethral walls assure the spreading of the ointment over the inflamed area.

Messrs. Aloe & Co., of St. Louis have kindly constructed the instruments for me.

As to my reasons for preferring lanolin to other vehicles, I would say that, with reference to the other vehicles, water, the most common, is itself, in its purest state, irritating, and, unless it contain some local anæsthetic, will cause pain; powders or tablets, though dry and absorbent when first deposited, soon become moist and cake up, losing the properties for which they were chosen. Gelatine bougies give pain at every movement of the body until they are liquefied; mucilage or emulsions present no advantages which are not possessed to a greater degree by lanolin; and—a point of great importance—all of these are lacking in “staying” qualities; with the first passage of urine out they go, and in order to make their effect continuous, they must be renewed several times a day, entailing frequent repetition of the trouble, pain, etc., experienced each time.

Lanolin presents none of these disadvantages; it is wholly unirritating—is even soothing to inflamed tissues. When introduced pure, even without any pacifying sedatives, it invariably causes a feeling of relief and comfort to the patient, who has been constantly reminded of his ailment by the teasing, harrassing sensation incident to all cases of gonorrhœa. As one patient remarked, the ease afforded allowed him to forget all about it for hours at a time, whereas, before he began to receive the treatment, it was never out of his mind while he was awake. I believe that the principal reason for this is that it keeps the inflamed surfaces apart, preventing their continuous friction and auto-irritation. Actual pain in the urethra is also modified by it.

The oiliness of lanolin assures its adhesion to the canal walls, even in spite of the flushing of the urethra by the stream of urine. It may be noticed floating on the urine of the second or third passage after the application. It is evident that in this respect, too, it surpasses all of the excipients named. An authority tells

us that lanolin possesses antiseptic properties of no mean order.

I shall not take up more time in detailing its many advantages, which are almost self-evident.

As to the medicament employed, any remedy given in solution may be prescribed with equal propriety in lanolin. Of the various drugs which I have used, I sum up my impressions as follows: Bichloride of mercury, even in minute quantities, is too painful or irritating, and frequently causes an increase of the pus formation; carbolic acid is also irritating but not painful; iodoform might be used were it less perniciously active in its odoriferousness. The zinc preparations are applicable to the later stages, in which they give material assistance toward shortening the wind-up. Resorcin would be a most admirable remedy were it not a most aggravatingly unstable drug. If administered after it has degenerated, it will not be long ere the operator has cause to regret his efforts in the way of economy. Boric acid directly following the increasing stage of the affection, seems to fulfil every indication; it is an antiseptic, a germicide, and yet has absolutely no irritating effect on the inflamed membrane. It is capable of killing the gonococci that it reaches and of preventing attacks from other microbes which give rise to the secondary or mixed infection of Bumm.—*Bransford Lewis, M.D., St. Louis, in St. Joseph Medical Herald.*

**PYOCYANINE.**—This name has been given to a crystallizable chemical compound of organic origin, first isolated by Fordos. It is the leucomaine furnished by a special variety of micro-organism, the *bacillus pyocyanicus*, one effect of its presence in pus being to give a peculiar and characteristic color. This bacillus is not productive of ill effects in man, but curiously enough it is promptly fatal to the rabbit. The pyocyanic malady is thus an ideal one for purposes of study, furnishing, as it does, an organism easy to cultivate, an animal in which it gives rise to a well-marked group of symptoms and a chemical compound produced by the organism, which can be isolated, and acts upon the animal. It was after long and painstaking researches in this direction that M. Charrin was led to suggest that the pathogenic effect of microbes is primarily due to the poisonous substances excreted by them, and, further, that these soluble poisons were, under certain circumstances, the best prophylactic for the disease to which the particular bacillus gives rise. Immunity from a specific disease may thus be conferred in at least two ways—(1) by introducing into the tissues an attenuated microbe, or (2) by introducing a certain proportion of the diluted soluble toxic agent secreted by them. The fact that it is possible to confer a degree of immunity independently of the bacillus itself, disposes of the general application of the phagocytosis theory promulgated by Metchnikoff, in virtue of which the leucocytes of one tissue were supposed to become trained, as it were, to the battle against

the invading host, on the principles of the well-known all-round antidote of Mithridates. As M. Charrin points out in his excellent little monograph on the subject, this immunity is due rather to increased powers of resistance to the influence of toxic agents. This useful bacillus has also enabled Messrs. Bouchard and Charrin to carry out some very instructive investigations into what is known as "mixed infection," and they have succeeded in demonstrating that the combined effects of the injection of more than one variety of pathogenic micro-organisms are lessened in proportion to the secretion by the bacillus of substances prejudicial to the bacterium and the exhaustion of the pabulum by the bacillus at the expense of the bacterium. The attentive study of this one bacillus has opened up possibilities in the embryonic science of bacterio-therapy, which subsequent researches will, in all probability, show to be possessed of an importance in the prophylaxy of disease that the scientific mind cannot compass and can at present only foreshadow.—*Medical Press and Circular*.

**HERNIA REDUCED DURING COUGHING.**—Dr. Vaudenabre (*Jour. de Med. de Paris*) was manipulating a strangulated hernia, when suddenly the patient coughed violently and the tumor decreased to half its volume. A repetition of coughing, while pressure was made on the hernial tumor, was followed by reduction complete. Dr. V. reports three cases, and believes that he has found a method, simple, easy, applicable at all times and to all cases, superior to taxis and to any measure which has been described up to the present time. The author's explanation is that, in the first place, the cough is capable of dilating the inguinal and crural rings. Gas inclosed and compressed in the strangulated intestine, at the moment of expansion of the ring, makes its escape into the abdominal part of the gut. The hernia then becoming a simple one, is also reducible.—*Weekly Med. Rev.*

**THE RADICAL CURE OF NASAL CATARRH.**—Some time since, Sir Andrew Clark recommended the application of glycerine and carbolic acid to the nasal mucous membrane as an effectual way of bringing about a permanent cure of that distressing and common affection, a cold in the head, by virtually destroying the membrane, the abnormal reaction of which to slight stimuli was the source of the mischief. Although he stated that it had given excellent results in his hands, we have not heard since of its having come into general use, possibly because, though a reliable, it was likewise a very painful and exceedingly disagreeable proceeding. An American physician, practicing in a country and a climate in which coryza is chronically epidemic and among a race of men who have inherited the Anglo-Saxon proclivity to catarrh, has suggested a measure founded on a similar principle, which, however, is claimed to be equally effectual and painless withal. He recommends the application, by means of a plug of cotton-

wool on a suitable stem, of solutions of chromic acid, varying in strength from one to ten per cent., the former being powerfully astringent and the latter not less powerfully caustic. He points out that in proper strength chromic acid instantly combines with gelatinous and albuminous substances to form a tough, leather-like compound. It is essential to operate with a perfectly pure acid, or pain will otherwise be felt. He recommends giving 1-200 of a grain of atropine shortly before making the application, in order to lessen the flow of mucus. The parts are then carefully examined and the sensitive spots mapped out for the subsequent application of the acid in a from five to eight per cent. solution. It is advised to operate on the two nostrils separately.—*Medical Press and Circular*.

**CORROSIVE MERCURY AND TURPENTINE IN DIPHTHERIA.**—Dr. Kœnig : As I reported to this society some time ago, the success I had had in the treatment of diphtheria by local applications of corrosive sublimate and turpentine, I desire to report the following fatal case. This case was the third in the family, two recovering. The local treatment applied was one grain of corrosive sublimate in one ounce of spirit of turpentine. The application should have been made every three hours, but owing to the restlessness of the patient it was omitted in the night. The primary seat of the membrane was the nares, and there was also a spot as large as a quarter upon the roof of the mouth. The membrane was black, hemorrhagic, and the child died, despite every thing I could do, on the fourth day, from bleeding at the nose.—*Allegheny Co. Society*.

**BROMOFORM IN WHOOPING-COUGH.**—Dr. Stepp (*Deutsche Med. Wochen.*), orders from five to twenty drops of bromoform during the twenty-four hours. It is very sparingly soluble in water, and should never be prescribed in alcohol. Under this treatment the bronchial catarrh and lobular pneumonia do not generally occur. Bromoform is either excreted unaltered by the lungs or is separated into its elements, and free bromine is excreted by the lungs. An effect on the bacilli of whooping-cough could be easily supposed to result. The drug is also prophylactic.

**INFANTILE CONVULSIONS (Knagges).**—Children under six months should receive every hour a teaspoonful of the following solution :

Sulphate of calcium, . . . . .	0.6 gramme—gr. ix.
Distilled, . . . . .	250 grammes— $\frac{3}{4}$ viij.

The medicine should always be freshly prepared as it becomes rapidly inactive.—*Revue de Therapeutique*.

**FRECKLES.**—Lactic acid and glycerin, equal parts, are said to remove freckles.

**THE FINAL RESULTS OF TOTAL EXTIRPATION OF THE UTERUS.**—One of the most important of the operations of the time is that of total extirpation of the uterus. The subject was brought up by Dr. Münchmeyer, who reported the results obtained in the Dresden Königl-Frauen Klinik, of which Prof. Leopold is the Director. The number of operations amounts to 110, with a mortality of 5.45 per cent. On some occasions the operation was performed for cancer, and here the mortality was 5 per cent. exactly. Sixty-two were still living at the time of the Congress, but in three the disease had already returned. In 30 cases the operation was performed on account of myomata, prolapsus uteri, grave disease of the pelvic organs, or neurosis originating in the organ. In case of small myomata, total extirpation was performed in preference to castration, as the condition of the patients was generally good after the operation. Herr Freund said he had performed the operation for cancer of the cervix in 1878, and the patient was still in good health. Prof. Olshausen had made similar observations. He had seen a case remain well for ten years after the operation, and had also seen disease return after three and a half years.

Prof. Hegar had lost a patient six months after operation for cancer of the cervix. In small myomata, contrary to Leopold, he preferred castration to hysterectomy, and also in large myomata where myomotomy was too difficult. He had never observed psychoses after castration. Herr Olshausen had seen atrophy of the vagina after castration in a multipara. Herr Werth had seen psychoses after operations on the genital parts or in the abdominal cavity. Herr Leopold was convinced in opposition to Hegar that removal of the uterus per vaginam was less dangerous to a woman who had lost all her blood than abdominal section. If the ovaries were normal they should be left behind. Herr Hegar did not look upon the atrophy of the vagina as a result of castration, but of a gonorrhœal colpitis, and made a distinction between atrophy of this kind and that from old age.—*Med. Press and Circular.*

**POISONING BY TANSY.**—Dr. W. A. Belt, of Kenton, O. (*New York Medical Recorder*), reports the following case: Mrs. K., not having her menses for five weeks, thought herself pregnant, and, not wishing to have any more children, followed a neighbor's advice and set about taking five drops of the oil of tansy every few hours. Not succeeding in bringing about her menses, she took about one drachm on sitting down to breakfast. She felt no unusual symptoms for about half an hour, when a "dizzy sensation" came over her. She ran out of doors, and a moment later was picked up by her husband in convulsions, resembling epilepsy. There were the spasmodic contraction of the limbs, frothing at the mouth, and unconsciousness. I found her in this state, with a thready pulse, very intermittent, respiration scarcely per-

ceptible, and cyanotic. Thinking there was enough food in the stomach from her breakfast to hold a good part of the oil yet unabsorbed, I administered apomorphia muriate, gr. 1-10, hypodermically. In a few moments she vomited very profusely, there being a great amount of gastric juice. After this she revived by repeated doses of brandy, but did not regain her consciousness for two or three hours. She remembered nothing about what had happened. Her tongue was lacerated, as is often seen after a severe epileptic fit, the pulse ran up to 120, and temperature to 101° F. for the balance of the day. Headache persisted for three days, and fainting every three or four hours for two days. The menses made their appearance, but not from the action of the drug, for she was nursing a child about six months of age, and they had been irregular. There were no signs of an abortion.

**CREOLIN IN OBSTETRIC PRACTICE.**—Dr. Theophilus Parvin (*Practice*) applies creolin in cervical catarrh at intervals of three days. One teaspoonful to a pint of water is used as a vaginal injection. Benzoated lard with four per cent. of creolin is used by Parvin in tamponing the vagina in displacements of the uterus. For this purpose a long strip of absorbent cotton smeared with the ointment is tucked alternately into the anterior and posterior cul-de-sac until the vagina is packed either partially or completely as the case requires. Such a tampon has been left *in situ* by Dr. Parvin as long as six days, at the end of which time the only odor detected was that of creolin. In obstetrical practice creolin possesses the advantage of revealing itself both by sight and smell, thus obviating the dangers which accompany the use of sublimate and carbolic acid, which are often used in too strong solutions.

**CREOLIN.**—Professor Forster, of Amsterdam, found that in *faeces* mixed with a 2½ per cent. solution of creolin all the microbes except a few had disappeared in twenty-four hours. Typhoid bacilli were completely destroyed in fifteen minutes by a 1 per cent. solution. Cholera bacilli under similar conditions were destroyed in one minute. The bacilli of *beri-beri*, however, were not destroyed in twenty-four hours by a 1 per cent. solution of Pearson's creolin; they were killed in three hours by a 2 per cent. solution of Amsterdam manufactured creolin.—*Med. Press and Circular.*

**MILK DIET IN DIABETES.**—(Mascarel, *Bull. Gén. de Thérap.*) The first patient was a man, aged 48, who for a year past had been suffering from "rheumatism" and herpes, associated with an intolerable thirst, to assuage which he had been advised to drink large quantities of raw milk (4 to 5 litres in the twenty-four hours). He was emaciated and the tongue was coated. He complained of anorexia, constipation, and a dry, hot skin. The

secretion of urine was excessive, and the urine itself was clear and free from albumen. A few days later he was found dead in bed. At about the same date a young man of 27 was in the habit of drinking from 4 to 6 litres of milk daily to assuage his thirst. This patient had been examined and found to be suffering from diabetes. After three weeks of the exclusive and excessive use of milk he died suddenly with cerebral symptoms. Dr. Mascarel concludes that the only circumstance in which diabetics should be ordered milk is when the urine is found to contain albumen as well as sugar.—*London Med. Recorder.*

**EXALGINE (METHYLACETANILIDE).**—(Cattani, *Gazz. degli Ospitali.*) Exalgine, according to Bardet (*Les Nouveaux Remèdes*, No. 24, April) has the formula  $C_9H_{11}NO$ . It occurs in white crystals or scales; the first form is to be preferred as more pure. It is slightly soluble in cold water, more so in hot water, very soluble in cold water with a slight addition of alcohol. Therapeutic action: It is useful in all forms of neuralgia, and rheumatism, acute and muscular. It reduces the temperature much as the other antipyretics of the aromatic series. In diabetes it lessens the quantity of glucose and of water. The dose is from 25 to 40 cgm. (gr. iv to vj) twice in twenty-four hours. This dose gives rise to no irritation of the stomach or bowels; it never causes cyanosis as does acetanilide (antifebrin), nor rash, as antipyrin often does. In one case only, after a very large dose, slight erythema was noticed. Exalgine is not to be confounded with analgesine, which is, in fact, antipyrin.—*London Med. Recorder.*

**ANTIPYRIN IN THE TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.**—(Perret and Devic, *Rev. Gén. de Thérap.*) The first case in which it was tried was that of a child  $4\frac{1}{2}$  years of age, who was in the habit of passing water in bed several times during the night. Belladonna and the bromides were given without any improvement. From May 20 to 27 he was given twenty-two grains of antipyrin, half at 6 P. M., and the rest at 8. During this period of time the child did not wet the bed at all. The treatment was repeated off and on for some time, and ultimately proved completely successful. Another child, 8 years of age, subject to the same infirmity, was given half a drachm of antipyrin, half at 6 P. M., and the rest at 9 P. M., and the incontinence ceased with the same promptness as in the other case.—*London Med. Recorder.*

**UNDRAWN POULTRY.**—Undrawn poultry cannot be kept even for a few hours without starting the processes of putrefaction. This poison is absorbed by the flesh, and therefore makes such poultry unfit for food. Keeping it in the atmosphere of cold storage warehouses, while it may arrest decomposition, will not undo the deterioration that has already taken place, and the in-



stant such poultry is removed from the cold atmosphere putrefaction sets in again with greater force. In many instances such poultry has been kept for a week, and sometimes longer. Some time since the New York aldermen attempted to pass an ordinance to prevent the sale of undrawn poultry, but on a public hearing the dealers made it appear that drawn poultry, on account of its having so much more surface exposed to germs, would decompose more rapidly. This, no doubt, was true in one sense, but it was readily answered by the fact that no flesh is fit for human food that has been long exposed to germs.—*Am. Analyst.*

**HUMAN EVOLUTION.**—Two or three years ago Prof. Virchow, of Berlin, a recognized authority on biological subjects, gave the "man-from-monkey" theory a blow from which it has never recovered. At the recent Anthropological Congress at Vienna, he gave the same theory another blow, which should put it in a state of permanently suspended animation. If it does much talking hereafter, it will be because some errors keep on talking wildly after they are really dead.

Prof. Virchow declares that after a twenty years' search for them the intermediate stages connecting the ape with the man have not been discovered—indeed, he goes so far as to declare with all possible emphasis that however distinctly he may be seen in the day-dreams or night-visions of some so-called scientists, the pro-anthropos has ceased to be a matter for discussion among anthropologists. The eminent scientist very forcibly adds that we cannot even prove the descent of the different races of men from any one race, or from any half a dozen races; that there is not now any race of men upon earth unknown to anthropological science; that every living race is human; that among the people of antiquity no one was any nearer to the ape than we are; not one has been found that can be properly designated as "Simian" or "quasi-Simian." While the old "Lake Dwellers," with whom the Darwinites have tried to silence even scientific men, present different characteristics, there is not one that lies outside those of our present population, and he declares that it can be positively demonstrated that for the last 5,000 years no change of type has occurred, that is worthy of mention, among the people that have lived upon this earth.

Unless these declarations can be successfully controverted, the time has come for writing the epitaph of the man-from-monkey theory, and of some other Darwinian theories. There is no higher authority on this subject than Prof. Virchow.—*N. Y. Evangelist.*

**QUINSY.**—Gargle with four grains of chloral hydrate to the ounce of glycerine.—*Med. Record.*

**CONVULSIVE HYSTERIA.**—One-twentieth grain doses of apomorphine, hypodermically administered.

# Albany Medical Annals.

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## BOOK NOTICES.

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**ANIMAL PHYSIOLOGY**, with introductory chapters on General Biology, and a full treatment of Reproduction. For students of Comparative (Veterinary) Medicine and of General Biology. By Wesley Mills, M.A., M.D., L.R.C.P. (Eng.), Professor of Physiology in McGill University and in the Veterinary College, Montreal. 700 octavo pages, 505 illustrations. New York and London: D. Appleton & Company. 1889.

This truly philosophic work is of great value to the student of general biology and of human and of comparative physiology. It is the outcome of the experience of a modern investigator, a practical worker and an eminent teacher. The abundant illustrations are elegant, large, some of them colored, and many are new. "Special Considerations" introduced under each topic will interest every reader. Many parts have sections "Pathological," which show how pathology and physiology mutually throw light upon each other. Each chapter concludes with a "Summary," which is an aid in remembering and generalizing. The Origin of the Forms of Life, Reproduction, new views in Organic Evolution and Physiological Reasoning, Muscle Physiology, the Blood and its Circulation, Experiments in Feeding, the Metabolism of the Body, the Functions of the Skin and Various Organs, a full consideration of the Brain, Spinal Cord and Special Senses, the Voice, Speech, Locomotion, Animal Chemistry, are prominent

topics, and are considered both in relation to man and to other animals.

The text is so free from unnecessary matter that what the author presents us may be called "pure gold."

**ATLAS OF VENEREAL AND SKIN DISEASES.** Original illustrations and selections from plates of M. Kaposi, Vienna; J. Hutchinson, London; I. Neumann, Vienna; Fourmier, Hardy, Ricord and others of France; Dr. J. N. Hyde, Chicago; Drs. Keyes, Otis and Piffard, New York, and others. Fifteen folio parts, \$2.00 a part. New York: William Wood & Co.

Fasciculi XIV. and XV. were received some weeks ago, completing the set. The commendation heretofore given of this work should be emphasized again. The whole volume comprises 75 folio plates containing several hundred figures printed in colors, with much essential reading matter by Dr. P. A. Morrow, of New York.

**PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES.** By G. H. Fox, M.D., New York. In 12 parts, \$2.00 a part. New York: E. B. Treat, 771 Broadway.

The large quarto plates are prepared by artotype reproduction of photographic negatives, colored by hand. The collection is most admirable in the selection of its subjects and in their accurate and life-like reproduction. Dr. Fox is entitled to much commendation for placing these plates before the profession and for the valuable explanatory text accompanying them.

Parts 9 and 10, lately received, include leucoderma, alopecia, keloid, fibroma, lupus and lepra.

**ESSENTIALS OF PATHOLOGY AND MORBID ANATOMY.** By C. Armand Semple, B.A., M.B. Cantab., L.S.A., M.R.C.P. Lond. 46 illustrations. Saunder's Question Compend, No. 6. 160 pages, 12mo, cloth, \$1.00; interleaved, \$1.25.

A convenient pocket manual for hasty reference. "Over 1,000 questions and answers on most essential points."

**SYPHILIS OF THE NERVOUS SYSTEM.** By H. C. Wood, M.D., LL.D. Physicians' Leisure Library. 135 pages, 12mo, paper, 25 cents; cloth, 50 cents. Detroit, Mich.: George S. Davis.

Five thousand cases of nervous disease have been under the author's supervision in the University Hospital and Dispensary, 15 per cent., or 750, of which were syphilitics. In seventeen years' service in the Philadelphia Hospital there were under his

care about 2,000 cases of nervous disease, of whom more than 50 per cent., or over 1,000, were syphilitics. To these 1,750 must be added those met in private practice and as consultant, making a total of nearly 2,000 cases.

PHYSICIANS' VISITING LIST FOR 1890. 39th year of publication. Philadelphia: P. Blakiston, Son & Co.

Valuable reading matter and convenient blanks. Various sizes are made, suitable for from 25 to 100 patients weekly; also interleaved, perpetual and monthly editions. Prices from 75 cents to \$3.00.

THE COSMOPOLITAN is a well-known New York magazine of the highest order, profusely illustrated, and very cheap at its subscription price, \$2.40 a year. By arrangements with its publishers, all subscribers to the ALBANY MEDICAL ANNALS for 1890 who, before January 1st, next, pay \$1.50 in addition to dues on the ANNALS, will be entitled to *The Cosmopolitan* for 1890. That is, \$2.50 will pay for both *The Cosmopolitan* and the ANNALS for 1890. *The Cosmopolitan* proposes to give 1,536 pages of reading matter and 1,500 illustrations in 1890.

THE AMERICAN AGRICULTURIST, for the farm, garden and household, the subscription price of which is \$1.50, is sent to all subscribers of the ALBANY MEDICAL ANNALS for \$1.00; that is, both journals for 1889 to one address for \$2.00, cash to accompany the order.

THE POULTRY MONTHLY is a large quarto-size illustrated journal, for farmers and poultry raisers, published at 481 Broadway, Albany, for \$1.25 a year. To subscribers of the ALBANY MEDICAL ANNALS for 1890 we will send the *Poultry Monthly* for 60 cents additional, or \$1.60 for both, cash to accompany orders.

#### EXCHANGES, PAMPHLETS, ETC.

##### EXCHANGES.

*Johns Hopkins Hospital Bulletin*, Baltimore, Md.

*Bulletin de la Société Belge de Microscopie*, Bruxelles, Belgium.

*Memphis Journal of Medical Sciences*, Memphis, Tenn. 32 octavo pages, monthly, \$2.00 a year.

*The Sanitary Volunteer*. 24 octavo, pages, monthly, 50 cents a year. Irving A. Watson, A.M., M.D., editor, Concord, N. H.

*Germania*, Manchester, N. H. For the Study of the German language and literature. 16 quarto pages, fortnightly, \$3.00 a year.

*The American Law Register*, 64 octavo pages, monthly, \$5.00 a year. The D. B. Canfield Co., Limited, Drexel Building, Philadelphia.

## PAMPHLETS.

- Highway Improvement. By Col. Albert S. Pope, Boston.
- Report of Committee of New York State Medical Society on Cause, etc., of Blindness.
- Urinary Analysis. By W. B. Canfield, A.M., M.D., Baltimore. *Maryland Med. Jour.*
- Urinary Calculus and Lithotomy. By T. W. Kay, M.D., Scranton, Pa. From *Maryland Med. Jour.*
- Dosimetric Method, etc. By J. E. McNeill, M.D., Denver, Colo. From *Dosimetric Med. Review.*
- Purulent Conjunctivitis of Infants. By Lucien Howe, Buffalo. From Transactions of State Society.
- Early Laparotomy in Appendicitis," etc. By N. Senn, M.D., Milwaukee. From *Jour. Am. Med. Ass'n.*
- Overstrain and Underpower of Brain. By C. H. Hughes, M.D., St. Louis. From *Alienist and Neurologist.*
- Intestinal Surgery. By W. B. Van Lennep, A.M., M.D., Philadelphia. From *Hahnemannian Monthly.*
- Cases of Ocular Paralysis. By Alvin A. Hubbell, M.D., Buffalo. From *Buffalo Medical and Surgical Journal.*
- Perfected Evacuator (*N. Y. Med. Jour.*); Dilating Urethrotomy, etc. (*Med. Rec.*) F. N. Otis, M.D., New York.
- Implantation of Decalcified Bone, etc. By N. Senn, M.D., Ph.D., Milwaukee, Wis. From *Am. Jour. Med. Sciences.*
- A Year's Experience with Apostoli's Method, etc. By A. Laphorn Smith, B.A., M.D., Montreal. From *Am. Jour. Obstetrics.*
- Pink-Eye (from *Albany Medical Annals*); Ocular Headache (from *Am. Jour. Ophthalmology*). By C. M. Culver, M.D., Albany.

## PERSONAL.

—Dr. Ed. C. Kennedy ('81), late of 1044 Madison street, Brooklyn, and formerly of Albany, died October 30, 1889.

—Dr. Harriet A. Woodward, who has been absent for some months, most of the time visiting friends on the Pacific slope, has returned to Albany and opened an office at 207 Lancaster street.

—The American Association for the Study and Cure of Inebriety gave a dinner to its president, Dr. Joseph Parrish, in honor of the seventy-first anniversary of his birth, at his home, Burlington, N. J., Tuesday, November 12, 1889.

—Dr. Lourie Ashton ('83), of Hoosick Falls, died Friday, November 15, of malignant diphtheria. He had only been ill since Monday. At the time he was confined to the house he had a very large practice. He was a member of the Seth Parsons Steamer Company and was assistant surgeon of the Thirty-second Separate Company, N. G. S. N. Y.

# ALBANY MEDICAL ANNALS.

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## A REPORT OF NINETY CASES OF RAPID DILATATION OF THE UTERINE CANAL FOR THE CURE OF DYSMENORRHOEA AND STERILITY.\*

BY FRANKLIN TOWNSEND, A.M., M.D., ALBANY, N. Y.,

PROFESSOR OF PHYSIOLOGY, ALBANY MEDICAL COLLEGE.

I take particular pleasure in presenting a report of the results following the operation of rapid dilatation of the uterine canal under ether, as suggested by Goodell in conditions—

1st. Where severe and intractable dysmenorrhœa was the most prominent symptom in unmarried women; and

2d. Where sterility existed, either accompanied by dysmenorrhœa or not, in those married.

From a careful analysis of ninety cases operated upon by me for the relief of these conditions, beside consulting the reports of other operators, I am led to believe sincerely in the beneficent results following this method of treatment.

Formerly it was my custom to dilate the cervical canal where stenosis existed, by a process of gradual widening by Peaselee's dilators, or uterine sounds of steel, or by Sims' method, etc., slowly, possibly on an average of every third day, increasing the size of the sound at each sitting. Suffice it to say, that, success *never* appeared to attend my efforts in bringing about immediate relief (after a very extended trial), though in the hands of some, gratifying results have been occasionally secured, I believe.

From the time that Goodell reported, in an article read before the Obstetrical Society of Philadelphia in 1884, on

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\* Read before the American Association of Obstetricians and Gynecologists, Cincinnati, Ohio, Sept. 19, 1889, by title, and before the Medical Society of the County of Albany, Wednesday evening, November 27, 1889.

"Rapid Dilatation of the Uterine Canal," and which appeared in the *Trans. Obstetrical Society of Philadelphia*, 1884, I ceased using the old method of *gradual* dilatation, and substituted the *rapid* method under the influence of complete anæsthesia, with results most gratifying and noteworthy, as will be seen from the following tables :

Dilatation in virgins for dysmenorrhœa, other means failing .	57
Complete cure of dysmenorrhœa . . . . .	53
No better . . . . .	3
Made worse . . . . .	1
Dilatation in married women for dysmenorrhœa and sterility,	
other means failing . . . . .	33
Complete cure of dysmenorrhœa . . . . .	33
Complete cure of sterility . . . . .	27
Remaining sterile two years or more after operation . . .	6

#### INDICATIONS FOR AND AGAINST THE OPERATION.

*For Operation.*—For an operation of this nature to be successful, it seems to be essential that the pelvic peritoneum and cellular tissues be in a normal condition, the uterine adnexa also in a similar state, and, I imagine, when these are *not* so, many of the failures noted are thus to be ascribed. Endometritis and metritis, even with retro- or ante flexion, are *not* in *themselves* necessary barriers to the operation. The straightening of the uterus, with permanent free drainage from the cervical canal, is sufficient in *itself* as means toward a cure of the flexions, metritis and endometritis which may exist. Indeed, it must be freely confessed, I think, that when cervical stenosis exists, endometritis, with or without metritis, is pretty sure to be found. There may or may not be flexions.

*Against Operation.*—It would seem utterly futile and *even dangerous*, sometimes, to operate in cases where pelvic peritonitis or cellulitis existed; and should salpingitis, no matter what the character, be present, the result of such procedure is almost a foregone conclusion—failure.

The conditions above mentioned should be first properly treated, especially perimetritic and cellutitic inflammatory troubles, and done away with entirely if possible, before dilatation is practiced. Indeed, success rarely, *if ever*, attends in any case where the conditions above mentioned prevail.

From the above, therefore, it would seem absolutely essential that, for success to follow this operation, the cases must be carefully selected.

Again, it has been my experience to find failure following what I would *now* recognize as an incomplete operation—I mean an operation where *all* the steps were not *thoroughly* carried out.

Assuredly, “rapid dilatation of the uterine canal” does not mean rapidly dilating the canal under ether, possibly from one-quarter to one-half an inch, or even an inch, and then leaving the patient, trusting to nature to do the rest. Such a procedure is a thing of the past, I hope, where the simple “stretching” of the canal a trifle, without even the use of an anæsthetic was deemed sufficient to work out marvelous results.

From a careful study of my cases, complete records of each having been kept, I am convinced of the absolute inutility of this operation as just expressed. Possibly temporary amelioration of symptoms may follow simple dilatation of the narrow cervical canal, but in time the patient is equally as miserable as before operation. The patency of the canal caused by the dilatation will *not* remain permanent, even where rupture of the muscular fibres about the internal os takes place, unless it be kept so by the use of some such instrument as the stem pessary, which not only aids in *this* manner, but also acts very efficiently in straightening the whole uterine organ.

I am aware that there are many who hold that the use of such an instrument is a *most dangerous* procedure in *any* case; but I think that such views are greatly exaggerated, as in *no* instance have I seen any untoward results following the introduction and continued use of this form of pessary. This may possibly be accounted for in the careful manner exercised in its use, for I can readily understand, that careless introduction of the same, with inadequate injunctions regarding its possible dangers, laid strictly down to the patient, might, and in many instances no doubt *has*, given rise to most unpleasant, nay, even *dangerous* results.

The various steps in the preparation of the patient for the operation, and those concerned in the operation, which have so uniformly yielded such excellent results, are simply these:

*First.* The patient is to be operated upon a *week*, if possible, after her last menstrual period, thus giving sufficient time before the next flow for the healing of the uterine tissues, which, near the internal os, became bruised and lacerated; also, the stem has the opportunity to remain a sufficiently long time *in situ*, thus materially interfering with any serious narrowing of the cervical canal.



*Second.* The rectum being previously unloaded by enemata, the bladder emptied, and the vagina thoroughly irrigated with a warm, clean solution of bichloride of mercury, one to five thousand, the patient is considered prepared for the operation.

*Third.* All instruments used are to be thoroughly cleaned, and laid in a pan containing warm bichloride solution, one to five thousand. The essential surgical armamentarium is limited, consisting of a Sims' speculum, a double or single tenaculum forceps; Ellinger's uterine dilators, corrugated ends, large and small size, as modified by Goodell; stem pessaries of plain vulcanite, or Thomas' galvanic stem pessaries, none to be longer than one and a half inches; sponge-holders and small sponges; tampons of prepared cotton or wool, soaked in a thirty per cent. solution of boro-glyceride.

*Fourth.* After the patient is thoroughly anæsthetized, placed in Sims' position, and the speculum introduced and held by an assistant, the operator seizes the anterior cervical lip with the tenaculum forceps, and gently draws down the uterus to near the vulvar orifice. This procedure tends to straighten the uterine canal for the introduction of the small dilator, which, when introduced beyond the internal os, is slowly opened, until it is thought that sufficient dilatation has been reached for the introduction of the large Ellinger, whose blades should then be separated to the extent of an inch at least, as marked on the scale placed near the handle—this being accomplished more or less gradually, and not by rude, quick measures; the stem is introduced, the tenaculum and speculum are then removed, and the vagina tamponed, as well as a rectal suppository introduced, consisting of opium one an one-half grains, belladonna extract one-half grain, and hyoscyamus extract one grain.

*Fifth.* Should pain supervene, as is the case very frequently, especially over the hypogastrium, a flaxseed poultice, with tincture of opium, is to be applied. The urine is to be drawn, if necessary, for a day or two. Usually in a week's time the patient is enabled to be out of bed, and, provided no pain is occasioned by the presence of the stem pessary, it is to be left until just before the next menstrual flow, when it is then to be removed, and after its cessation it is to be reinserted.

It was noticed, when referring to the results of rapid dilatation in virgins, that out of fifty-seven cases, four were failures—that is, they were no better after the operation than before it—and one was made much worse.

This latter case was that of girl, aged nineteen, suffering from an acutely anteflexed uterus, with a narrow cervical canal, conical cervix ("pin-hole" os externum). It was in the winter, when the days were short, the operation was begun late, darkness obscuring absolutely all specular observations. She took ether badly, and was only partially under its influence when the dilator was introduced into the cervical canal. There was no opportunity afforded for the use of the speculum because of the darkness, and the whole operation was performed by the sense of touch alone—the dilatation of necessity, therefore, being but moderate and ineffectual, the patient being "out from the anæsthetic," and wildly tossing about the bed, almost before the blades of the instrument were withdrawn. Naturally, in this instance, no stem pessary could be used. Altogether I regarded the whole procedure as not only having been poorly and inadequately performed, but censured myself severely for allowing my better judgment to be led astray in attempting the operation under the unpromising conditions as already enumerated. In this case, pelvic peritonitis was promptly developed, and it took quite three months before the young woman was on her feet again. No one was more to blame than the operator, I felt, and I made up my mind never to allow myself a *second* time to be caught in a similar predicament.

In the other cases which proved failures, the operation was repeated in two of them, after an interval of three months, and one was operated *three* different times with no good results. All of these, I believe, remain sufferers from dysmenorrhœa at the present time. In all these latter cases the operation was performed with the same care and precautions already mentioned as being so essential to success.

As to the value of this operation for overcoming conditions of sterility, I can only say that the *results were far beyond my expectations*. Referring to the second table (see page 346), it will be noticed that *all* were suffering from dysmenorrhœa, and that the operation was productive of relief in *all* of the thirty-three cases, and also that twenty-seven out of this number became fertile sooner or later after the operation—assuredly a good percentage.

In this connection, a pertinent question naturally arises, and is one difficult to answer. Did the operation put the patient in a more favorable condition for conception? Or, might it not have been, that these patients would have conceived without such operative interference?

In answer, I can only say that in all but three of these cases operated upon, pregnancy became evident after a few months—that is, within a year. Of the three going beyond a year's time, one conceived at the fifteenth, one at the seventeenth, and one at the twentieth month after the operation.

As to the duration of the sterility in these cases, I append a table, which goes to show that, in all of the twenty-seven cases, more than two years had elapsed since they were married, the minimum length of time being twenty-eight months, the maximum nine years.

As to whether these cases if left to themselves would have conceived or not, I am not prepared to say, but I feel assured from the the evidence, that the operation placed them in a condition much more favorable for such a result to follow than had they been left severely alone.

Case.	Number of years sterile.	Conception followed operation.	Age.	Dysmenorrhœa.
1.....	2 years, 4 months.	2 months.	27	Yes.
2.....	3 "	3 "	24	"
3.....	3 " 2 "	3 "	24	"
4.....	3 " 3 "	6 "	27	"
5.....	3 " 3 "	3 "	26	"
6.....	3 "	2 "	25	"
7.....	3 " 8 "	8 "	29	"
8.....	4 " 1 "	3 "	31	"
9.....	4 "	4 "	33	"
10.....	4 " 6 "	3 "	29	"
11.....	4 " 8 "	4 "	25	"
12.....	4 " 9 "	5 "	27	"
13.....	5 "	6 "	27	"
14.....	5 " 6 "	7 "	30	"
15.....	5 " 8 "	8 "	32	"
16.....	5 " 9 "	4 "	31	"
17.....	6 " 7 "	5 "	29	"
18.....	6 "	15 "	28	"
19.....	6 " 1 "	10 "	29	"
20.....	6 " 3 "	9 "	27	"
21.....	6 "	5 "	26	"
22.....	7 "	17 "	38	"
23.....	7 " 1 "	11 "	30	"
24.....	7 " 3 "	5 "	32	"
25.....	7 " 10 "	20 "	29	"
26.....	8 "	4 "	31	"
27.....	9 "	7 "	35	"

## CLINICAL MORPHOLOGY VERSUS BACTERIOLOGY, WITH SOME THERAPEUTIC DEDUCTIONS.\*

BY JOHN ASHBURTON CUTTER, M.D., B.S., NEW YORK CITY.

(A. M. C., '86.)

The following is an abstract:

*What is Clinical Morphology?*—Morphology is the science of form. Clinical Morphology covers the form-elements that the clinician sees in his daily work with his patients; the position in bed; the lines of the face; the attitudes assumed in walking and sitting—all come under the term Clinical Morphology, but for our purpose to-day we will consider Clinical Morphology to be the description of the form-elements found in the blood, the urine, the sputum, the skin, the fæces and foods.

*What is Bacteriology?*—The science of Bacteria. What are Bacteria? Very small bodies which are hard to place. They have been classified under the heading of Schizomycetes of the confervoid algæ. A good definition of algæ is that they are plants that produce oxygen, and of fungi, that they are plants that produce carbonic acid gas.

We proceed to the concrete side of our subject, and will consider briefly the *much-advertised infants' foods, asthma, rheumatism and tuberculosis.*

*Infants' Foods.*—It will go without saying that bacteriology has little field of work in the artificial infants' foods. Yet the opportunities offered for clinical morphological investigations are great and of much importance. Take, for instance, "Imperial Granum;" the author of the "Clinical Morphologies" showed years ago, though the claims of the manufacturers were that this preparation was "amorphous, a solid extract, the salvator of the human race," etc., etc., that it was decidedly morphological, containing starch grains, to say no more, and the Connecticut Agricultural Experiment Station has backed up the statement of the morphologist by chemical examinations which show that "Imperial Granum" is common flour.

Any physician who has an infant food sent him for examination should place the food under the microscope, study for gluten cells, starch cells, cellulose, the connective tissues of the various grains; see if it is an amorphous, homoge-

\*Read before the Mississippi Valley Medical Association, at its fifteenth annual meeting, September 11, 1889, and illustrated by lantern slides of microphotographs taken with the 1-5, 1-10, 1-16, 1-50 and 1-75 inch objectives.

neous mass, or made of decidedly morphological elements. A food may be a first-class one chemically, yet contain so much cellulose that it is unfit for the stomach. The paper published in 1882, in *Gaillard's Medical Journal*, on "Cereal Foods," by E. Cutter, illustrated by cuts of micrographical drawings, created much attention as being the first to enter a new field as to foods, to wit., the morphological; *chemistry and clinical morphology should go together.* \* \* \*

The therapeutic deduction is—feed the mothers during gestation and lactation on such food that they will have milk enough to nurse their children, summer or winter. Our plan is two-thirds animal and one-third vegetable, with one meat and one vegetable at a meal.

#### MORPHOLOGY OF THE SPUTUM IN ASTHMA.

The following in quotations is from the work entitled, "The Clinical Morphologies," by Ephraim Cutter, M.D., LL.D. Published by the author, New York.

"Cholesterin;" "Cystin;" "Oxalate of lime;" "Phosphate of lime;" "Triple phosphates;" "Uric acid and urates;" "Calculi made up of these salts;" "Contents of giant cells escaped outside of walls;" "Crystals with two or more terminals;" "Foreign substances inhaled;" "Fusiform crystals;" "Gravel crystalline, gravel granular, gravel massive;" "Mucous corpuscles distended with albuminoids; with crystalline and other bodies; with cystin; with giant cells; with melanotic matters; with oxalate of lime; with triple phosphates; with uric acid and urates;" "Other crystals whose names have not been made out;" "Spirulina splendens, Salisbury, 1865."

The therapeutical indication from this morphology in asthma is to feed the cases so that there will be the minimum of fermentation, and thus stop the paralyzing action of the carbonic acid, etc., on the eliminative glands; give tonic and liquifying medicines, and if the case is watched closely and will follow the orders to the letter, a cure may be expected in time. It hardly needs to be said that Bacteriology is far behind Clinical Morphology, because it can only treat of bacteria, yet Clinical Morphology is able to show physical causes of asthma and hay fever.

#### "THE MORPHOLOGY OF THE BLOOD.

"*Mode of Study.*—It is necessary to have the patient, the microscope, the light, the means of withdrawal of the blood—lancet, spring lancet, the scarificator of the writer (E. Cutter), or a needle which is not the best thing—all together.

"There is no such thing as taking the blood home to examine. The changes are so rapid that most of the important ones disappear in ten minutes' time. Still, after these are gone, many valuable points remain to be looked for.

*"Kind of Blood.*—The capillary, not the venous or arterial.

*"Site of Withdrawal.*—On the radial or ulnar side of the forearm near the wrist. The skin should be clean and free from hair. If dirty, wash with soapsuds or ammonia water. (It is well that the beginner should study the skin surface, dirt, and epithelium, before looking at the blood). Take the patient's forearm in the hand, and make the skin tense in the interval between the thumb and forefinger. The tension of the grip will squeeze out a drop of blood. The size of the drop should bear a direct relation to the size of the cover. Very much depends on handling the drop of blood rightly. When the drop evenly diffuses itself, it is to be presumed that the film is about uniform in thickness, so that one can judge somewhat as to the comparative number of corpuscles in each specimen. The process of transferring the blood should take only a few seconds of time; a fraction should be sufficient.

#### "MORPHOLOGY OF THE BLOOD IN HEALTH.

*"Color.*—Bright, fresh, clear, ruddy, strong.

*"Clotting.*—Rapid and firm.

*"Red Corpuscles.*—Arrange themselves in nummulations, or are scattered evenly over the field. Normal in size. Non-adhesive central depression well marked on both sides; periphery well rounded, clean cut. Hold coloring matter firmly. Pass readily to and fro through the fibrin filaments; appear fresh and fair.

*"White Corpuscles.*—Normal in size. Not enlarged by internal collection of foreign bodies. Amœboid movements, strong or not. Proportion, one to three hundred of red corpuscles. Consistency, good. Not sticky. Color a clean white. Freely moving at will.

*"Serum.*—Clean and free from any form at first sight. After five minutes, most delicate semi-transparent fibrin filaments appear, forming a very light network in the field, which offers no obstacle to the passage of the corpuscles.

"There should be no spores nor vegetations in healthy serum, though they may be found by very minute examination, or by letting the blood stand for several days in closely stopped phials at a temperature of from 60° to 70° F. This is not saying that spores and filaments cannot be found

in blood of persons calling themselves healthy, for some diseases exist in a latent condition, like *rheumatism*, *syphilis*, *cystinæmia* and *consumption*. I have met with people who, after finding vegetations in their blood, have decided not to accept the evidence, because they deemed themselves healthy. Again, it is difficult to find a perfectly healthy person in a community; this was made public during the 'late unpleasantness,' when drafts were made for soldiers. The blood-evidence must be taken in connection with that of other physical signs.

#### MORPHOLOGY OF THE BLOOD IN RHEUMATISM.

The red corpuscles are sticky, forming large masses; this is due to the excessive development of the fibrin filaments which form a strong network across the field, and render the blood molasses-like. The white corpuscles are distended more or less with the crystalline matters present.

In the serum interspaces, besides the fibrin filaments in excess, are found the following crystalline bodies: Uric acid and urates; phosphates, especially the triple phosphates of lime and soda; oxalate of lime; cystine, quite common and easily detected; carbonate of lime, rare; stelline and stellurine, these occurring mostly in granular form, but in old cases where the system is saturated, they are crystalline; black, brown, aniline blue, bronze, red and yellow pigments in the form of flakes or small masses are common in rheumatic blood.

(Readers of this abstract will find this morphology described to a much greater extent in the Clinical Morphologies, E. Cutter.)

#### "LATENT CONDITION OF THE CHARACTERISTICS OF RHEUMATIC BLOOD.

"The morphology of rheumatic blood exists in a latent condition in persons apparently well, but when they are exposed to cold, the blood-vessels contract, catch and detain these abnormal elements, and we have a stasis of the blood, which may be active or passive, and manifests itself in heat, fever, pain, swelling, inflammation or passive congestion, effusion, etc., and which make up what is known as an 'attack of rheumatism.'

"Fibræmia is where the fibrin is in excess in filaments, skeins, curled massive fibres like strings—thrombi and emboli. These are in a more exaggerated condition and form than in consumption or rheumatism, and are not necessarily associated with the crystalline matters or gravel.

Sometimes the fibres look like a scalp that has been taken from the head of a woman with long tresses of hair.

"Thrombosis is where masses of fibrin accrete and consolidate together, including or not the red corpuscles, white corpuscles, crystalline and pigmentary bodies, spores and mycelial filaments or vegetations, one or all.

"Embolism is where a thrombus has been caught or engaged in a blood-vessel, and acts as a plug, disturbing the circulation.

*"Pre-embolic State.*—As thrombi precede emboli, so they can be detected in the blood before the embolism, simply by the morphology of the blood. In this way sudden deaths from embolism, especially in the puerperal, can be averted."

Here again we have a subject which Bacteriology cannot touch, as the morphology of the blood in rheumatism shows the causes of the inflammation, pain and deposits to be purely physical and chemical. Beef has had many sins that other food should have borne the complaint of, laid at its door. Stop the Englishman from eating his puddings, pastry and sweets, and feed him on beef rightly prepared, and I think he will have less gout. The morphology of the blood in these old cases of gout is very interesting and beautiful. One case I examined several years ago had a most remarkable display of crystals of cystine.

To treat rheumatism, one must be patient; sometimes the cases have to go on very rigid diet; nothing but the beef separated from its fibrin, and the resultant pulp broiled. *I wish to say here that we never prescribed beef raw—never did and never will.*

#### "MORPHOLOGY OF THE BLOOD IN TUBERCULOSIS.

*"First, or Incubative, Stage.*—Red blood-corpuscles are less in number,ropy and sticky, more or less, but not much changed otherwise.

*"Second Stage, of Transmission.*—*Red Corpuscles:* Color, pale, non-lustrous; not clear-cut, not ruddy. Consistence, sticky, adhesive. Coating of neurine removed. Not so numerous as in normal blood. Owing to the increased size and strength of the fibrin filaments and the stickiness, they form in ridges, rows, but not so marked as in rheumatic blood. They accumulate in aggregations of confused masses like droves of frightened sheep. They adhere to each other, and are rotten, as it were, in texture.

*"White Corpuscles.*—Enlarged and distended by the mycoderma aceti or spores of vinegar yeast, that are transmitted into the blood-stream from the intestines.



"*Serum*.—More or less filled with the spores of mycoderma aceti or vinegar yeast. These occur either singly or in masses of spores, which is the common form in which they are found wherever vinegar is produced.

"*The fibrin filaments* are larger, stronger, more massive than in health, and form, under the microscope, a thick network which is larger, stronger and more marked in direct proportion to the severity of the disease or the amount of accumulation.

"Besides, the serum is apt to be of a dirty ash color.

"The sticky white corpuscles, the massive fibrin filaments in skeins, and the yeast spores alone or combined, form aggregations, collects, thrombi and emboli, which block up the blood-vessels of the lungs soonest, because exposed to cold air the most of any viscus; *the blood-vessels contract, and thus arrest the thrombi and form a heterologous deposit, which is called tubercle.*

"*The Third Stage, of Tubercular Deposit*.—These deposits increase so long as vitality subsists in the tubercle and surroundings. When vitality ceases, the tubercle softens or breaks down. Sometimes, if the process is very slow, and life slightly adheres in it, the proximate tissues undergo fatty infiltration, which preserves it from readily breaking down.

"The morphology for the blood is the same for the second and third stages of consumption.

"*Fourth Stage, Interstitial Death*.—Morphology of the blood in this stage is the same as in the second and third, save that it becomes more impoverished.

"*The red corpuscles* are thinner, paler, much lessened in number; increased in adhesiveness, stickiness and poverty; devoid more or less of neurine.

"*The white corpuscles* are fewer in number, more enlarged; often ragged and rough. Distended with spores of mycoderma aceti; more adhesive and sticky.

"*The Serum*.—Fibrin filaments are thickened, stronger, more massive, and more skeins of them present. The collects of mycoderma aceti are very much larger and more numerous; in moribund cases, I have seen them so large as almost to fill the field of the microscope. They present anfractuous edges and amœboid prolongations, giving them a weird, bizarre appearance, which, under the circumstances, have a portentous aspect, for the larger and more numerous the spore-collects of mycoderma aceti are, the more dangerous the case.

### "THE MORPHOLOGY OF THE BLOOD IN FIBROUS CONSUMPTION.

"Here the mycodema aceti or vinegar yeast does not get into the blood and change it as in tubercular consumption, since the pylorus keeps the vinegar yeast in the stomach. There is breaking down of living tissue to a less extent. This tissue has been thickened, hardened, and made stony from deposit of gravel. The diagnosis is not so easy as that of tubercular consumption." \* \* \*

It is wonderful to see, in these cases, how soon the cough begins to lessen, due to the stopping of the production of the carbonic acid gas, which, by its paralyzing action on the mucous membranes of the trachea and the lungs, has caused that pouring out of mucus. I would that I had more time to go into the description of the rationale of the production of these diseased conditions in rheumatism, asthma, and consumption, tubercular and fibrous.

### "MORPHOLOGY OF THE SPUTUM IN TUBERCULOSIS.

"Bacilli; bacteria, so-called; clots of blood; elastic lung fibers; epithelia, ciliate, non-ciliate, pavement and columnar; granular tubercular matter; granular tuberculous matter, so-called, sometimes fetid in odor; inelastic lung fibres; lumina of blood-vessels; mucous corpuscles, normal, deformed, distended with spores and gravelly matters; mucous filaments and fibers; mycelial filaments; swarms of spores; yeast plants, and yeast sporangia, alcoholic and lactic acid."

### COMPARISON OF CLINICAL MORPHOLOGY AND BACTERIOLOGY AS TO TUBERCULOSIS.

*Etiology.*—The bacteriologist claims that the tubercle bacillus, as discovered by Koch, is the cause of tuberculosis. The Clinical Morphologist asserts that the vinegar yeast spores in the blood are the cause of tuberculosis by their chemical and mechanical action on lung tissues.

The bacteriologist has strong evidence in the fact of inoculation. The clinical morphologist in that, by methods based on the morphology of blood containing vinegar yeast, many cases of tuberculosis have been cured. How can these two claims be reconciled? For over thirty years botanists have been fighting about Koch's bacillus; some claimed that it was part of the life-growth of the vinegar yeast plant; others, that it was not. The former hold the stronger position, for Koch's experiments have demonstrated that the bacillus will propagate itself. Now, here comes in the link. The bacteriologist is hard at work to

find out how that bacillus gets into the lungs, and is laying down rules of preventive treatment, which are in some cases fantastic and ridiculous. The clinical morphologist is able to diagnosticate the vinegar yeast in the blood before the lungs break down; he finds the morphology getting more desperate as the case grows worse, and as the case improves under treatment, he finds the morphology of the blood improves; moreover, the clinical morphologist, not being limited to the study of bacteria, as the bacteriologist is (if he works on bacteriology alone), can develop from the sputum the full fledged vegetation from bacillus through the spore stage to the mycelial.

Now, if what I say is true, then tuberculosis is a disease induced by the excessive feeding of fermented food, or food that will ferment into alcohol and vinegar. The villi of the intestines, paralyzed by this fermentation, absorb the spores of vinegar yeast, which gradually increase in the blood, and if not detected in time, will cause tubercle; oftentimes a cold, overwork or worry will be the blow that upsets the case.

Now, when the lung tissues begin to necrose, and cough comes on of course, will the sputum contain the tubercle bacillus, *also the spores of vinegar yeast!* \* \* \*

My father's experience, which runs back over thirty-three years, shows that children of tuberculous parents will, by feeding on proper food, grow up instead of dying. \* \* \*

Men say to me that they examine blood and can tell nothing about it. I answer that my father thought it necessary that I spend eight years' study in the sciences and medicine before he would teach me *how to study clinical morphology*. The same rule applies to his instruction to others, for he will teach only medical graduates, amongst whom I may note Dr. R. J. Nunn, ex-president of the Medical Association of Georgia. Dr. Nunn traveled in Europe, and could not find what he wanted till he returned to New York. \* \* \*

*Therapeutics.*—In 1881 a young man lies sick in bed of emaciation, so great that he is about a skeleton; of hemoptyses so frequent that counting them has ceased; of night-sweats; of copious expectoration which contains elastic and inelastic lung fibers; the heart is enlarged; the pulse 120, respiration twenty and more times a minute; in both lungs are cavities; the blood presents the tuberculosis morphology. Now, this case, desperate as it was, was undertaken by my father; the patient was fed on beef taken from the top of the round; from it was separated by machine the fibrous tissues; the resultant pulp was moulded carefully into cakes and broiled; great care is taken in all of the steps of the process of pre-

paring the beef; the hands touched it as little as possible, for even after the pulp has been separated from the fibrous tissues, when touched by the hand the human animal heat will be apt to change the condition of the meat; so it is moulded carefully with knife and fork. The meat is then broiled and seasoned to taste with pepper, butter, lemon juice and salt as wanted; Worcestershire sauce allowed. The patient is fed this three times a day. Is given gentle tonics; is bathed twice a day with ammonia or acid sponge baths; the case has to be very carefully watched, for life is apt to slip away at any moment. He gradually improves, and is cured, *i. e., the cough ceases; the sweats are gone; he arises from his bed; goes through college; is graduated with honors; is married, and was last seen by us one year ago, and calls himself a well man.* Now, what is the rationale of this cure? By feeding him this particular food the vinegar yeast was starved out of the blood, and thus its work of necrosing lung tissues was stopped; the acidity of the blood taken away by stopping the acetic acid fermentation, the fibrin filaments lose their large size; the red blood-corpuscles regain their normal tone and color; they are no longer massed together, and the white corpuscles come down to normal size, because the blood has been deprived of the spores of vinegar yeast, which they have been trying to enclose; now, nature is a spiral spring, and in this case has been overloaded with wrong feeding; we have given her a chance by feeding the patient on the food that best agrees with her, and she, being furnished with good blood, her eliminative glands in good condition, takes the normal blood, and, with her wonderful physiological means, heals over the sore and broken down places in the lungs, and in some cases, if the cavities are not too large, will build and bridge them over. I believe this to be true for I have been with a case where I could hear the air bubbling through the mucus in a small cavity, and yet that all disappeared. \* \* \*

There is so much said about the non-curability of consumption. My father was nearly ostracised when he came out in 1880 with seventy cases published in the Transactions of the American Medical Association; here he simply claimed that consumption was a curable disease; his cases in this table were seventeen non-arrests, twenty-six partial arrests and twenty-seven permanent arrests. It is perhaps well to note that this was all before Koch promulgated the tubercle bacillus, and with this article were printed microphotographs of tuberculous blood.

Now, it is reported that in the morgues of the great cities of the world, like Paris and New York, bodies are cut into

in which are evidences of lung necrosis which had been stayed, the lungs healed or scarred, and the individuals are dead of something else. Moreover, surgeons are talking of removing, by pneumectomy, untold portions of the lungs, and in a journal I recently saw that a man could live with but two lobes. Well, supposing the patient has survived the shock of slicing out a part or whole of one lung, he will continue to live on the food that produces tubercle; these facts apply to tuberculosis of the joints and the peritoneum as well. In a case of tuberculosis of the knee-joints, I found the morphology of the blood to be tuberculous and syphilitic.

Gentlemen, the medical, *the morphologic*, side of these questions must be examined, as well as the surgical.

In our work we never say we are going to cure a case, for we recognize the fact that we are human, finite; but we do know that cases have been cured, and so we will not take away a sufferer's hope. We never know how a case is going to turn out; some cases will not respond to treatment, for they are just full of the disease, both lungs; but others come along that appear just as desperate, and we give them a chance and they pull up and get well.

I had a case in Kentucky; we healed her lungs several times, and would send her home, and there she would get upset; once she had to go into the kitchen and cook; this brought on an attack of meningitis which shattered her nervous system so that her character was changed from that of a bright happy woman to one despondent, nervous, irritable. Yet she lived for over a year after that meningitis, though I was constantly told that she would die; for seven months before her death she never coughed; I took her to her family physician, and he admitted that her lung was healed. She died two months later, incidentally, from malaria; generally, from adynamia.

Gentlemen, it takes nerve force to live; it takes nerve force to get well; each time that this woman's lung broke down she had to use up nerve force to recover; if she had not been shattered by the meningitis, humanly speaking, she would be alive now.\*

I might give you the details of many more cases of tubercle, but time does not permit; suffice it to say that the cured cases run back into the '60's, that we consider tuberculosis curable, and our hope is that as soon as the profession and the laity will share this belief, and practice to cure, then many more lives will be saved.

This taking away of hope kills many. How can a man

\* See "On the Death of a Cured Case of Tuberculosis Pulmonalis," J. A. Cutter, Virginia Medical Monthly, September, 1889.

live if there is no hope offered him; if he does, it is by sheer pluck and fight. But the fight, which my father started in on years ago, to prove that consumption is a curable disease, seems to be about over; we are entering on a new era in medicine; nutrition of tissues must be studied; the causes of tumors, the excessive development of the fibrous tissues, the causes of degenerations—all these must be studied from the side of nutrition.

A few words as to foods in tuberculosis. The yolks of eggs are not allowed in any form, because hard to digest and a promoter of rheumatism; if you do not believe it, try them on a case and see the result. Milk is commonly called the best of foods, yet in the adult, nine times out of ten, it is not the best, as it so often causes biliousness; this we see in studying our cases; testing the urine with nitric acid helps very much to show biliousness; milk, if given to patients, must be taken warm from the cow, and be carried to the patient speedily, so that the ever-present germs may not get into and contaminate it. But be careful in its administration; I have seen cases that I thought could take milk, upset by it.

Some cases are kept alive on the whites of eggs, slightly cooked; beef-tea, Johnston's extract of beef. Sometimes the stomach is in such a condition that the patient has to be sustained by nourishment per rectum till the stomach comes round. But the aim in our cases is to get the stomach in such a condition that they can be fed beef prepared as above described. When the blood becomes normal, the urine flowing with a specific gravity of 1015 to 1020, with no bile and no sediment, then other foods can be brought in cautiously, and it is only necessary for me to say that if you are watching the case carefully, you will soon find out whether the food you are allowing is the best or not. Again, time is a great consideration with these cases. They must be treated by the month; pay their fee in advance; must go under your care for at least one year; better two; the specimens of blood, urine, fæces and sputum often examined. Have the patient put his hand in yours, and trust you faithfully; make him stop introspection, and watch to see that causes of worry are removed.

Temperament needs consideration; some cases need much encouragement; others holding back; some are fearful of everybody and every thing, and have no faith; others expect to get well right off, and go at the treatment with a rush, and when they find that nature takes her own time in healing their sins, they may be disappointed.

It is no easy thing to take a case chronically sick and lead

him along to health. Again, while remembering that without proper feeding, you cannot cure your case, do not forget that with judicious medication the case may be pushed along faster, for the machine needs oiling. Have the case drink hot water one hour before meals, and on retiring; usually a pint is needed at each draught; the temperature not boiling, but comfortably warm.\*

Do not give them any medicine that is made up with syrup. I have been asked so many times, "Do you give syrup of hypophosphites?" The answer, "No, because there is fermentable matter in it." \* \* \*

In closing, gentlemen, I call your earnest attention to the need of large bodies of medical men, who are deeply anxious for the truth, investigating the original experiments of Salisbury, which were made on men and animals thirty years ago. *Our work* has been more with microphotography and demonstrations of healthy and diseased morphologies. We have not had the time or money to hire men to eat certain kinds of foods, singly, and study the effects on them, nor to buy hogs and feed them to death on distillery slops. But all this must be done, and if this association, with its *personnel* of scientific men, industrious and anxious for therapeutic achievements, will appoint a commission and investigate these matters thoroughly, a great good will be conferred.

*We must know the truth!* These matters ought not to rest on the utterances of one or two men. While I am satisfied as far as I have gone in the matter, and believe my father to be on the right track in his efforts to save these things to the profession (for the profession is the body that stands between the people and death, and no one man should set himself up as a healer, and that he must hold all knowledge), I am also deeply anxious that these experiments be repeated.

A commission to undertake this work must be composed of your most eminent members; it should contain a first-class chemist, a neurologist, a pathologist, a therapist, and last, but not least, a morphologist. The labors of this commission must not be hampered by the appointment of a man to do its microscopical work who is trained only in bacteriology; I believe I have shown you that bacteriology is but an extremely small portion of the micrological world, and that the profession will be handicapped until the word ceases to exist, and the bacteriologists of to-day become morphologists, in order that they may cover the whole field.

1730 BROADWAY.

\* See the *Therapeutical Drinking of Hot Water*, by E. Cutter. New York: W. A. Kellogg.

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## MEMORIAL OF DR. WILLIAM H. CRAIG.

Dr. Albert Vander Veer, from the committee appointed at the special meeting held October 5, read the following memorial of Dr. Craig at the regular meeting of the Medical Society of the County of Albany, November 27, 1889 :

Dr. William H. Craig, one of Albany's best-known and most respected citizens, died October 4, at his residence on Ten Broeck street, in this city.

Dr. Craig had nearly reached his sixty-fourth year. He was the son of William and Elizabeth McBurney Craig, and was born in Lisbon, St. Lawrence county, November 2, 1825. His father, a veteran of the war of 1812, was of Scotch ancestry, born in St. Lawrence county. His mother was also of Scotch descent, born in Delaware county. He passed his boyhood at his home, where he received his first educational training. Then, coming to Albany, he lived with his uncle, James McBurney, and under private tutorship was enabled to secure a broad knowledge of the English branches, which served him in good stead in the study of medicine, which he had long contemplated. In 1848 he entered the office of Dr. David Martin, one of the leading physicians of Albany.

Dr. Craig was married, in 1856, to Ruth Emily Davis, daughter of Joseph Davis, one of the largest wholesale druggists in Albany, at the time occupying the brick building now used by Douw H. Fonda. She survives with an only son, Dr. Joseph D. Craig. A brother and a sister of the deceased are living in St. Lawrence county.

Dr. Craig graduated from the Albany Medical College, January 21, 1852, the faculty at that time consisting of Drs. Alden March, James McNaughton, T. Romeyn Beck, James H. Armsby, Lewis C. Beck, Amos Dean, Ebenezer Emmons, and Thomas Hun.

He began the practice of his profession in this city, and November 4, 1854, was elected a member of the Medical Society of the County of Albany, Peter P. Staats being president at the time.



October 11, 1862, he was presented with a sword and the accompanying accoutrements of sash, belt and epaulettes by personal friends, many of whom are, and have been, well-known citizens of Albany. Among the names are those of Charles G. Craft, Ralph P. Lathrop, John Templeton, Charles H. Strong, Charles Newman, John D. Parsons, Charles P. Easton, and Peter Ten Eyck.

This regiment (the 177th) was sent into the swamp about Baton Rouge and surrounding country, and as a consequence there resulted a large mortality from dysentery, typhoid fever and kindred diseases. Most of the survivors have suffered, in small or large degree, from the baneful influence of the exposure and wretched food while in the line of duty in that pestilential-breeding region. While on duty there Dr. Craig was himself sick with typhoid fever, and would have died but for the faithful ministrations of friends and the watchfulness of an aged negress. His short experience in that region aged him considerably, and it has been said that he never recovered from the effects of that trying period.

Of rugged honesty, of positive convictions, of determined purpose in doing what he believed to be right, conscientious, long-suffering and just, he maintained a character beyond suspicion and above reproach through as trying an ordeal as falls to the lot of most men.

His regiment was tendered a reception by its friends on its return, and in reply to a letter of advice from Frank Chamberlain, at one time colonel of the regiment, under date of July 1, 1863, in reference to such a reception, he writes as follows: "The reception most desired by myself will be a family reception, with a consciousness of having tried to do my duty to the regiment and our beloved country."

He disliked public display, and found his most congenial tasks among his professional and public duties, removed from the public eye.

May 22, 1865, he was made a pension-examining surgeon, such a position at that time being of more importance than at present.

In November, 1869, he was made president of the Medical Society of the County of Albany, and at the next annual meeting, held November 15, 1870, delivered the usual annual address. This address was referred to the State Society, and was an earnest plea for less assertion and mere speculation in the use of remedies in disease, and for more positive knowledge founded on experimental research and physiological investigation. (At that time such investigations were not as frequent as they are to-day.) At this meeting he was elected a delegate to the State Medical Society.

March 1, 1877, his first commission as postmaster of Albany was signed by President Hayes. He was, however, nominated for the position by General Grant, during the last days of his administration, upon the recommendation of Senator Conkling. His admiration of, and his loyalty and devotion to, both General Grant and Senator Conkling never wavered throughout his life. When adversity overtook them, he was as honestly, faithfully and sincerely their friend as when they had favors in abundance to bestow.

Dr. Craig, with high purpose to do his full public duty, sought in every way, in the administration of the affairs of the Albany post-office, to serve the public first and carry forward with promptness, exactness and fidelity all postal business committed to his care. His administration was a clean and honest one, and of the record he was justly proud. He made many friends among public men dur-

ing his years of public service, and these friendships were remembered and highly esteemed through the closing years of his honored life.

During the latter part of his first term as postmaster of Albany, he was persistently maligned and remorselessly persecuted by a man, whose word he held, "that not one hair of his head should be touched," and whom of all other men Dr. Craig had effectually helped to public place. The postal department informed the President time and again that the charges were groundless and absolutely false.

Postmaster General Key, the Hon. Charles Emory Smith (at that time the able editor of the *Albany Evening Journal*), and the Hon. Thomas L. James, postmaster of the city of New York, were his staunch and devoted friends. Through them, with the documentary evidence on file, the machinations of ingratitude and self-seeking came to naught.

Dr. Craig was a man of sensitive disposition, and the worry and annoyance of that unhappy time, followed by the exciting political incidents of the year 1881, were without question the direct cause of the disease which eventually cost him his life.

During the closing hours of the session of Congress in the spring of 1881, when his removal was being urged, Senator Conkling spoke in his behalf for over four hours, until the gavel fell for adjournment *sine die*.

This act of generous kindness Dr. Craig never forgot, and he loved Conkling, defeated, despised, without even a small favor to bestow, as well, or better, than when he held the patronage of a great state in his hand.

May 4, 1881, his second commission as postmaster was signed by President Garfield. Then soon followed the exciting scenes of the Conkling resignation, the bitter struggle for party supremacy, the awful suspense of that hot July day when the news of the assassination of the President came, and the nobility of character shown by General Arthur, whose personal friend at that time Dr. Craig was, on his accession to the Presidential office.

In all these incidents Dr. Craig, in his own sphere, was a busy actor. He did not shrink then in the face of danger from doing what to him was a clear and honorable duty. So great was the strain on heart and mind, and so keenly he felt the disaster which befell his beloved leader, that even his robust and vigorous constitution was unable to withstand the relentless pressure. In October of that same year the symptoms of diabetes were unmistakably evident.

He was disbursing agent for the United States Custom House, Court House and Post-Office in Albany, then in process of construction, from 1877 to 1885, and during this time nearly \$500,000 passed through his hands.

On January 1, 1882, the post-office employes presented him with a picture of General Grant. This gift was highly appreciated, for he was an ardent admirer of the sturdy, brilliant and successful commander of the Union armies. He believed in him for a third term, deeply regretted that it was not his good fortune to be of the famous 306, and took great delight, at proper and appropriate times, in expressing his admiration of the masterly and now historical nominating speech of Mr. Conkling, at the Chicago convention of 1880, with its thrilling opening lines :

"And they ask what State he came from,  
And the answer it shall be,  
He came from Appomattox  
And the famous apple tree."

Before his appointment to postmaster he was actively interested in all medical movements, and was a delegate to various medical societies.

He was a vigorous supporter of the Code of Medical Ethics in his younger days, and was equally earnest in advocating its abolition when it had outlived its usefulness.

The meetings of the County Medical Society in those days were very largely attended, and his active interest in increasing the usefulness of the organization is still remembered. He was the author of various papers of medical interest, and took active part in the discussion of medical topics then prominently before the profession.

He was a delegate to various political bodies, held a number of positions of trust and honor, was interested in all movements of a public character, and was a faithful and progressive citizen.

The Hawk street viaduct had its birth in his office. He favored the movement for the use of river water for city purposes, which culminated in the Quackenbush street station and the Clinton avenue conduit. He was active in securing the granite block pavement on Ten Broeck street at a time when the pavement was looked upon with suspicion. He was interested in questions of public health in his younger days, condemned the public pump, and did everything in his power to insure cleanliness of the public street, advance the health of the community, and lessen the danger from contagious diseases.

In the second year of the practice of his profession, Albany was visited by a cholera epidemic. During this period of distress Dr. Craig stood nobly by the post of duty, and on duty night and day, with intervals of sleep caught when and how he could, never shrank from danger nor consulted his own convenience. He made over 600 visits without receiving a dollar in compensation, satisfied with the consciousness of contributing, in proportion to his opportunity, to the alleviation of human suffering and the relief of distressed mankind.

In private life he was unassuming, in sickness uncomplaining, in business true to his word. A man of positive character, he was bold, aggressive and brave. He had the courage of his convictions, was honest, and trusted in his friends. He was a hard fighter when interested in any movement, but fought fairly. When he won, he showed a generous sentiment towards his beaten adversaries; when he lost, he made no complaint and took defeat like a man. He was grateful, and never forgot a friendly act; was conciliatory, generous in his judgment of other men, hated hypocrisy, cant, self-seeking sham, and pretense with an intensity which never permitted of compromise. He disliked society life, but took great delight in the companionship of immediate and tried friends. He trusted others with the same frankness and confidence with which it was always safe for them to trust him. His confidence in the strict integrity of others led him into many complications which cost him dearly. When he gave his allegiance to any man, he was self-sacrificing, liberal and open-handed towards him. He was faithful, persevering, just, patient, and had unbounded pluck. When treated unjustly or unjustly accused, he was above petty resentment or small revenges. He met every obligation with promptness and at any sacrifice.

As a physician, he was trusted by his patients, inspired their confidence, won their hearts. He hated *placebos*, and looked upon large fees for small services as downright robbery. All suspicion of chicanery, charlatanism, quackery or

fraud on the part of any professional colleague called forth his positive and outspoken condemnation, and enlisted his coöperation in any movement looking to their public exposure.

Secret remedies and patient nostrums were looked upon by him as dishonest upon their very face and as beneath the notice of any honorable physician. He never failed to respond to the calls of his patients, night or day, and compensation was looked upon as a secondary consideration to the service of the distressed. He was good to the poor, rarely resorted to legal measures, and forgave those who had a hard struggle for existence, time and time again, any indebtedness due himself.

He was of the old school of physicians, and his greatest reliance was placed on observation and experience.

As a soldier, he was patriotic and never shrank from doing what to him was a plain duty. In the midst of trying experiences he boldly asserted and maintained his honor and self-respect.

As a public officer, he faithfully administered every office of trust committed to him, scrupulously upheld the law, and honestly and in singleness of heart strove to fulfill every honorable obligation.

As a Republican he was unswerving in his devotion to the principles of the party, believed in party organization and discipline, gloried in his "stalwartism," which to him was a term synonymous with fidelity, honor and political honesty and died unregenerated, because he conscientiously believed he was right.

As a man he was held in high esteem by those who came to know his rugged characteristics and sterling worth.

Without great early advantages, of vigorous constitution, with a legacy of heredity from an honorable and thoroughly reliable race, with integrity of purpose, with kindness of heart, with zest in the cause of justice and right, with public spirit, he overcame many obstacles in life, rose far above many disappointments, won his way to an honored place by diligence, perseverance and pluck.

He died peacefully, without a struggle or complaint, with calm resignation as befitted the closing hours of an honorable life.

Let the good he did as a man, as a physician, as a public officer, as a soldier, as a citizen, be remembered to his credit by his friends and the community in which his life was spent.

Let his character for scrupulous honesty, for generosity of impulse, for kindness of heart, for consideration of others, stand as a fitting monument and as an example to those who would win success in life by honorable means, free from the taint of suspicion of any manners, trickery, or deceit.

Let the errors of judgment and his mistakes be buried in charity forever with him in his grave.

A. VANDER VEER,  
C. H. PORTER,  
WM. H. BAILEY,  
SAMUEL H. FREEMAN,  
JOHN M. BIGELOW.

BOOK NOTICES.

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**MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS.** By J. V. Shoemaker, M D., and John Aulde, M.D. In two volumes ; Vol. I. 353 octavo pages, with additional blank leaves for writing, \$2.00. Philadelphia and London : F. A. Davis, Publisher.

In this volume we have presented in a clear and concise manner the consideration of the operations and preparations in pharmacy, an excellent chapter on the physiological relations of organs of the body to the physiological actions of drugs, and of the physiological relations of such action to therapeutic indications ; also a *materia medica* classification, somewhat original, and yet one which will prove very helpful to the student of this branch of medical science. The General Considerations, the *Materia Medica*, Pharmacy, Pharmacology, Classification, Remedies, Therapeutics, treated of in Part I., present many new and original, as well as a well-compiled and well-arranged collection of, facts not found in any volume yet published on this subject. In Part II. Remedies and Remedial Agents Used in the Treatment of Disease, not Properly Classed with Drugs, is admirably presented, and many recent authorities are quoted and recent facts set forth with which every practitioner should be familiar.

The volume is one which will bear careful study, and will amply repay the studious by its review.

J. M. B.

**OXYGEN AND OTHER GASES IN MEDICINE AND SURGERY.** By N. Demarquay, of Paris. Translated, with Notes, additions and omissions, by Samuel S. Wallian, A.M., M.D., of New York. 300 octavo pages, cloth, well illustrated and indexed, \$2.00 ; half Russia, \$3.00. Philadelphia : F. A. Davis, publisher, 1231 Filbert street.

This thorough and systematic treatise, after a historical review of the subject, gives minute directions for the preparation and therapeutic use of oxygen, nitrogen, nitrogen monoxide, and hydrogen, and the opinions and experiences of many experimenters. Weigart's hot-air treatment of phthisis is discussed, but nothing is said of Bergeon's sulphuretted hydrogen, or of ether *per rectum*. In spite of the misprint "*ærotherapy*" for *aërotherapy* the book is both entertaining and valuable.

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THE "ANNALS OF SURGERY" has now entered upon its sixth year of publication. Much praise is due to the home and foreign editors

for the high literary standard sustained. This is the only journal published anywhere in the English language devoted exclusively to scientific surgery and which does not seek popularity by giving minor surgery, but rather bringing the reader up to the highest literary and practical attainments in surgery, nor does it in the least degree cater to advertisers. The numbers are profusely illustrated with fine engravings and diagrams, elucidating the text. It is well worthy the patronage of all members of the profession who do any surgery. \$5.00 per year. Sample copies, 50 cents. J. H. Chambers & Co., St. Louis, Mo., are the publishers.

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## ITEMS.

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### STATISTICS OF LEPROSY IN THE UNITED STATES.

In view of the general impression that leprosy is spreading in this country, it is desirable, in the interest of public health, to obtain accurate information on this point. The undersigned is engaged in collecting statistics of all cases of leprosy in the United States, and he would ask members of the profession to aid in this work by sending a report of any case or cases under their observation, or coming within their knowledge. Please give location, age, sex and nationality of the patient, and the form of the disease—tubercular or anæsthetic; also any facts bearing upon the question of contagion and heredity. Address Dr. Prince A. Morrow, 66 West 40th street, New York.

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### CORRIGENDA.

*Editor Albany Medical Annals:*

In line 22d, page 323, of the November issue of the ALBANY MEDICAL ANNALS, the substitution of the word *about* for the words "less than" will result in a better expression of my meaning than is given by the present form.

On page 326 of the same issue a typographical error makes the word "afferent" appear in the 30th line. It is not in Mr. Carter's letter.

A *leprus styli*, whose effect is visible in line 20th, page 327, of the same issue, made me miscall the *sphincter pupilla* muscle the *contractor pupilla* muscle.

Yours most respectfully,

C. M. CULVER.

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PERSONAL.

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—Dr. T. H. Squire died at his home in Elmira on Wednesday, November 27, 1889, at the age of 66.

—Dr. F. E. Schley ('81), of New York, was married to Miss Ada Byron Adams, of Chicago, October 30.

—Dr. Horace Tracy Hanks ('61) has lately been appointed Surgeon to the Woman's Hospital in the State of New York.

—Dr. Lemon Thomson, Jr. ('82), has been commissioned first lieutenant and surgeon of the Eighteenth Separate Company, Glens Falls.

—George Boucher, Ph.G., a prominent druggist of Albany, died at his residence, 326 Clinton avenue, December 16, 1889, in the 34th year of his age, after a protracted illness.

—Dr. W. H. DeLong ('66), owing to the rigorous winters of north-western Pennsylvania, was obliged to spend the winter of '86-7 in Florida, and has now disposed of his practice in Emporium, Pa., and has permanently moved to Emporia, Volusia county, Florida.

—Dr. Horace R. Powell (A. M. C., '82) has been elected President of the Clinical Society of the City of Poughkeepsie. Drs Poucher ('83), Sadlier ('87) and Bayard ('89) are among the active members. Meetings every second Thursday afternoon. Contributions from fellow alumni are solicited. Address Dr. John S. Wilson, Secretary, 31 Garden street, Poughkeepsie, N. Y.

—Dr. S. B. Ward gave a reception on Wednesday evening, December 4, at his residence, 135 North Pearl street, in honor of Dr. William J. Milne, the newly elected president of the State Normal School at Albany. He was assisted in receiving by his daughters, Miss Nina Ward and Miss Anna Ward. The ushers were Messrs. W. J. Kernan, Walter H. Conley, J. E. De Mund and Leo H. Newman. An elaborate repast was served by the steward of the Fort Orange Club.

—Dr. Ephraim Cutter still remains in England demonstrating his slides of microphotographs of healthy and diseased blood morphologies, and at a recent demonstration there were present the Medical Director-General of the British Army and the Lord Mayor of London. Later he went to Aldershot and demonstrated before the medical staff of the army, and was tendered an honorary dinner. His work, "Food in Motherhood," is being put through the press by a London firm, and will also be published in New York.

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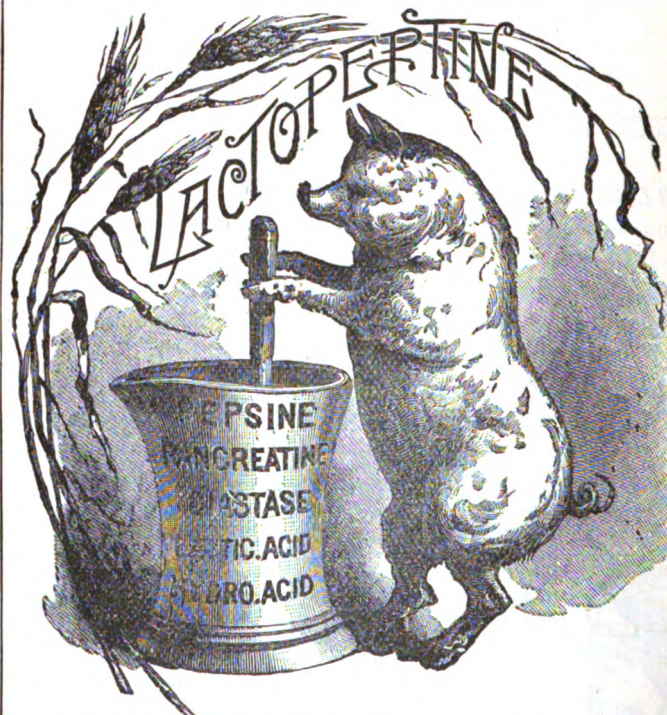
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